

L21000391926

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H21000350819 3)))



H210003508193ABC5

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.
Doing so will generate another cover sheet.

2021 SEP 20 PM 1:04

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : COHEN, NORRIS, WOLMER, RAY, TELEPMAN & COHEN
Account Number : 120020000140
Phone : (561)844-3600
Fax Number : (561)842-4104

2021 SEP 20 AM 10:17

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: KD @ Cohen Norris . com

LLC AMND/RESTATE/CORRECT OR MMG RESIGN
L & L HOMES, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

SEP 21 2021

A. LUNT

Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: L & L HOMES, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Gregory R. Cohen, Esq.

Name of Person

Cohen Norris Wolmer Ray Telepman Berkowitz Cohen

Firm/Company

712 U.S. Highway One, Suit 400

Address

North Palm Beach, FL 33408

City/State and Zip Code

KD@CohenNorris.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Karin Drakas

561 844-3600

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

#21000391926

L & L Homes, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 09/02/2021 and
Florida document number L21000391926

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City, Florida Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

FILED
SECRETARY OF STATE
21 SEP 20 AM 10:47

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

H210003508193

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Leonard Scott Scaffidi, Jr.	110 Majorca Way, Apt. 208	<input type="checkbox"/> Add
		Jupiter, FL 33458	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Leonard Scott Scaffidi, Sr.	118 Palm Drive, Unit 14	<input type="checkbox"/> Add
		Naples, FL 34112	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
 SECRETARY OF STATE
 DIVISION OF CONCORDANCE
 2021 SEP 20 AM 10:17

71 61 080 25 001 / ✓

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2021 SEP 20 AM 10:17

E. Effective date, if other than the date of filing: _____ (optional)

Effective date, if other than the date of filing: _____ (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 405.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed,

Dated September 15, 2021

Signature of a member or authorized representative of a member

Leonard Scott Scattidi, Jr., Manager

Typed or printed name of signee

Filing Fee: \$25.00