

L21000087623

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

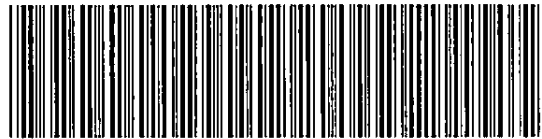
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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RECEIVED

2024 MAY -6 AM 11:18

REGISTRATION OFFICE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

2024 MAY -6 AM 11:34
SECRETARY'S OFFICE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Florida East Coast 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:

Anne Leon
Name of Person

Florida East Coast Homes, LLC
Firm/Company

55 E. Granada Blvd P.O. Box 1913
Address

Ormond Beach, FL 32175
City/State and Zip Code

anne.leon@att.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Anne Leon at (386) 214-1292
Name of Person Area Code Daytime Telephone Number

2024 MAY -6 AM 11:34
RECEIVED
TALLAHASSEE, FL
SECRETARY OF STATE

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

Florida East Coast 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 _____ and assigned
Florida document number L24000087623

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)

SECRETARY
FILED
2024 MAY -6 AM 11:11
CLERK
P.O. Box 1913
Ormond Beach, FL
32175

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:

Anne Leon

New Registered Office Address:

55 E Granada Blvd PO Box 1913
Enter Florida street address

Ormond Beach, Florida 32175
City 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.

Anne Leon
If Changing Registered Agent, Signature of New Registered Agent

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

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
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		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

SECRETARY OF STATE
FALL APPOINTMENT
2014 MAY -6 11:30 AM
FEB 11 2014

2024 MAY -6 AM 11:34
SECRETARY OF STATE
MAIL ROOMS SPECIAL

SECRETARY OF STATE
TALLAHASSEE FL
2024 MAY -6 PM 11:34

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.

Dated 5 _____, _____

Jane Leen
Signature of a member or authorized representative of a member

Anne Leon
Typed or printed name of signee

Filing Fee: \$25.00