

L24000146967

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

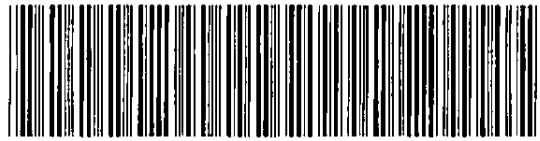
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000435407980

08/26/24--01017--004 **25.00

FILED
2024 AUG 26 PM 1:10
SECRETARY OF STATE
TALLAHASSEE FL

MLC

OF ACCOUNTANTS
CIPPARONE & CIPPARONE

August 22, 2024

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

Re: New Homes Princeton 2, LLC - Amendment

To Whom It May Concern:

My firm represents New Homes Princeton 2, LLC. Enclosed, please find the Division of Corporation's Form Cover Letter, Articles of Amendment to Articles of Organization, and our check in the amount of Twenty Five and No/100 Dollars (\$25.00) for filing fees.

Please proceed with processing the amendment, should you have any questions or concerns regarding this matter, please do not hesitate to contact me.

Sincerely,



Ryan Cipparone

RC/jmb
Enclosures

2024 AUG 26 PM 1:10
SECRETARY OF STATE
TALLAHASSEE, FL
FILED

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: NEW HOMES PRINCETON 2, 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:

PAUL CIPPARONE, ESQUIRE
Name of Person
CIPPARONE & CIPPARONE, P.A.
Firm/Company
1525 INTERNATIONAL PKWY., STE. 1011
Address
LAKE MARY, FL 32746
City/State and Zip Code
PCIPPARONE@CIPPARONEPA.COM
E-mail address: (to be used for future annual report notification)

2024 AUG 26 PM 1:10
SECRETARY OF STATE
TALLAHASSEE, FL
FILED

For further information concerning this matter, please call:

PAUL CIPPARONE at (321) 275-5914
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

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>
MGR	DAVID GLINSKI	485 LAKESHORE DRIVE	<input checked="" type="checkbox"/> Add
		LAKE MARY, FL 32746	<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2024 AUG 28 PM 1:10
 SECRETARY OF STATE
 TALLAHASSEE, FL

FILED

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

Multiple horizontal lines for amending information.

2024 AUG 26 PM 1:10
SECRETARY OF STATE
TALLAHASSEE FL

FILED

E. 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 605.0207 (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 August 22 2024

Signature of a member or authorized representative of a member

Soraya Glnski

Typed or printed name of signee

Filing Fee: \$25.00