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M. THOMAS

**EXAMINER** 

## **COVER LETTER**

| Division of C            |   |  | •                       |  |  |
|--------------------------|---|--|-------------------------|--|--|
| SUBJECT:                 | Elite Flor  | ida Homes LLC  |                         |  |  |
|                          | Name of Limi  | Name of Limited Liability Company  |                         |  |  |
| The enclosed Articles    | of Amendment and fee(s) are sul                     | omitted for filing.  |                         |  |  |
| Please return all corres | pondence concerning this matter                     | to the following:  |                         |  |  |
|                          |   | Phil Harris  |                         |  |  |
|                          |   | Name of Person   |                         |  |  |
|                          |   | Elite Florida Homes  | 4. 8                    |  |  |
|                          |   | Firm/Company   | SECONDE T               |  |  |
|                          | 14714 A   | venue of the Groves #102°  | 13 EE CS T              |  |  |
|                          |   | Address  | THE SECRET SEE, FLORIDA |  |  |
|                          | w   | inter Garden FI 34787  | THE THE                 |  |  |
|                          |   | City/State and Zip Code  |                         |  |  |
|                          | Val<br>E-mail address: (                            | erief12004@yahoo.com to be used for future annual report notif   | ication)                |  |  |
| For further information  | n concerning this matter, please of                 | call:  |                         |  |  |
|                          | Phil Harris   | 224  | 274 3204                |  |  |
| Namo                     | e of Person   | at ( 321 ) Area Code & Daytim  | e Telephone Number      |  |  |
|                          |   |  |                         |  |  |
|                          | r the following amount:                             |  |                         |  |  |
| \$25.00 Filing Fee       | <b>✓</b> \$30.00 Filing Fee & Certificate of Status | S55.00 Filing Fee & S60.00 Filing Fee, Certified Copy (additional copy is enclosed)  S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |                         |  |  |
| MAILING ADDRESS:         |   | STREET/COUR  | IER ADDRESS:            |  |  |

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

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

|  | lite Florida I               |  |                             |                      |  |  |  |  |
|--|------------------------------|--|-----------------------------|----------------------|--|--|--|--|
| (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  |                              |  | 6/23/1999                   | and assigned         |  |  |  |  |
| Florida document numberL9900003689   |                              |  |                             |                      |  |  |  |  |
| This amendment is submitted to amend the follow.  A. If amending name, enter the new name of   | Ū                            | ility company here:                                      | 1 2 C                       |                      |  |  |  |  |
|  |                              |  | Ţ,                          | 3                    |  |  |  |  |
| The new name must be distinguishable and end wit "L.L.C."  | h the words "Limit           | ed Liability Company                                     | y," the designation "Li     | Cor the abbreviation |  |  |  |  |
| Enter new principal offices address, if applicable: 14714 A  |                              |  | Avenue of the Groves #10213 |                      |  |  |  |  |
| (Principal office address MUST BE A STREE  | Winter Garden FL 34787       |  |                             |                      |  |  |  |  |
| Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  |                              | 14714 Avenue of the Groves #10213 Winter Garden FL 34787 |                             |                      |  |  |  |  |
| 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:  | Phil Harris                  |  |                             |                      |  |  |  |  |
| New Registered Office Address: 14714 Avenue of the Groves #10213   |                              |  |                             |                      |  |  |  |  |
|  | Enter Florida street address |  |                             |                      |  |  |  |  |
|  | Wir                          | nter Garden  | , Florida                   | 34787                |  |  |  |  |
|  | City                         |  |                             | Zip Code             |  |  |  |  |
| New Registered Agent's Signature, if changing I  | 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 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

framending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records: MGR = Manager MGRM = Managing Member Title Name **Address Type of Action** MGRM **Derek Sunderland** 922 Croton Rd ☐ Add ✓ Remove Celebration FI 34747 Yvonne Sunderland MGR 922 Croton Rd Remove -Celebration FL 34747 MGRM Valerie Harris 14714 Avenue of the Groves #102 Winter Garden FL 34787 **Phil Harris** MGR 14714 Avenue of the Groves #10213 Winter Garden FL 34787  $\prod$ Add Remove  $\square$ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) DECEMBER Dated Signature of a member or authorized representative of a member **Derek Sunderland** 

Page 2 of 2

Filing Fee: \$25.00

Typed or printed name of signee