## P13000089716

(Re	questor's Name)	
(Ad	dress)	
	dress)	
(Au	uressy	
(Cit	y/State/Zip/Phone	<del>;</del> #)
PICK-UP	WAIT	MAIL
1.	· 1.	
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
	<u> </u>	



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SECRETARY OF STATE
SINTSION OF CORPORATIONS

Cilewis 14

## **COVER LETTER**

TO: Amendment Section
Division of Corporations

S. Violon of Corporations					
NAME OF CORPORATION: Tall Castle Homes, Inc.  DOCUMENT NUMBER: P13000089716					
DOCUMENT NUMBER:					
The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all correspondence concerning this n	natter to the following:				
Amanda Butler					
	Name of Contact Person	ı			
Tall Castle Ho					
	Firm/ Company				
940 West Oal	kland Ave Unit	A10			
	Address				
Oakland, FL 3	34787				
	City/ State and Zip Code				
-14164-1141					
abutler@tallcastl					
E-mail address; (to be	used for future annual report	notification)			
For further information concerning this matter, ple	ease call:				
Amanda Butler	at / 407	876-6335			
Name of Contact Person	Area Co	de & Daytime Telephone Number			
		•			
Enclosed is a check for the following amount made payable to the Florida Department of State:					
■ \$35 Filing Fee & Certificate of Status		□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)			
Mailing Address	Street	Address			
Amendment Section		Amendment Section			
Division of Corporations Division of Corporations					
P.O. Box 6327	Clifton	Clifton Building			

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of



Tall Castle Homes, Inc.

14 NOV 20 PM 2; 20

	currently filed with the Flori	da Dept. of State)		
P13000089716	at Number of Corporation (if kn	nouvn)		
	·			
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this <i>Flo</i>	rida Profit Corporatio	n adopts the following	g amendment(s) to
A. If amending name, enter the new na	me of the corporation:			
				_The new
name must be distinguishable and com "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or "Co	". A professional cor		
B. Enter new principal office address, (Principal office address MUST BE A S	if applicable: TREET ADDRESS )			
		<del></del> .		
C. Enter new mailing address, if appli				
(Mailing address <u>MAY BE A POST</u>	OFFICE BOX)		<u>.                                      </u>	•
	•			-
D. If amending the registered agent an new registered agent and/or the new	nd/or registered office address w registered office address:	in Florida, enter the	name of the	
Name of New Registered Agent	Asma & Asma PA			
tume of then the total rigem	884 South Dilla	rd Street		
	(Florida street	<del></del>		
New Registered Office Address:	Winter Garden	, Flo	<sub>rida</sub> 34787	_
	(City)		(Zip Code)	
New Registered Agent's Signature, if c I hereby accept the appointment as regist		·	ntions of the position.	

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	<u>PT</u>	John Doc	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	<u></u>	Mark Maciel	940 West Oakland Ave
Add			Unit A10
Remove			Oakland, FL 34787
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			<u> </u>
Remove			
6) Change			
			<del></del>
Add			<del></del>
Remove			

	adding additional Art al sheets, if necessary).	(Be specific)		
		<del> </del>	<del>.</del>	
			·	
		<del></del>		
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	·			
•		•		
				·
			<del></del>	<del></del>
		- <del></del>	·	
If an amendme	nt provides for an exc	hange, reclassifica	tion, or cancellation of	issued shares,
provisions for	implementing the am	endment if not con	tained in the amendme	nt itself:
(if not appi	licable, indicate N/A)			
	<del>.</del> .			
	~			

, ••	11/06/14	FIL SECRETARY DIVISION OF C	CO OF STATE ORPORATIONS if other than the
The date of each amendment date this document was signed	t(s) adoption:  .   11/06/14	14 KOV 20	
Effective date if applicable:		s after amendment file date)	<del></del>
Adoption of Amendment(s)	( <u>CHECK ONE</u> )		
	re adopted by the shareholders. The numer rere sufficient for approval.	ber of votes cast for the amendm	nent(s)
	re approved by the shareholders through ed for each voting group entitled to vote:		
"The number of vote	s cast for the amendment(s) was/were suf	ficient for approval	
by	(voting group)	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
The amendment(s) was/we action was not required.	ere adopted by the board of directors with	out shareholder action and share	holder
The amendment(s) was/we action was not required.	ere adopted by the incorporators without s	hareholder action and sharehold	er
Dated_11/0	06/14	_	
Signature _	3330		
(I s	By a director, president or other officer – elected, by an incorporator – if in the ham appointed fiduciary by that fiduciary)		
	Donald J. Bonnette		
	(Typed or printe	d name of person signing)	
	President		
	(Title of	person signing)	