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Amend 104.28.14

COVER LETTER

TO: Amendment Section Division of Corporations Yalee Custom Homes NAME OF CORPORATION: **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Firm/ Company Address

Yulee FC 32097

City/ State and Zip Code <u>Yulcecus</u> ton HomES W 6m4. L. Com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy

enclosed)

Mailing Address

C

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address

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

(Additional Copy is enclosed)

Articles of Amendment



	Articles of Ir			1/8/18	**110 ₁₄₀
Miles custin	HimEs	TIC		"" 16 A	M 8: 59
(Name of Corporation as curr	rently filed with the	Florida Dent. of S	State)		
Name of Corporation as curr P1400000 (Document Nu	/// 2 2	riorida isepit or i	, tute		
P140000	mber of Compression	(ifknoum)			-
Pursuant to the provisions of section 607.1006 its Articles of Incorporation:	, Florida Statutes, this	s Florida Profit Co	<i>orporation</i> adop	ts the followin	g amendment(s) to
A. If amending name, enter the new name of	of the corporation:				
NIA					The new
name must be distinguishable and contain a "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association,"	"Corp," "Inc," or	"Co". A professi	or "incorpora onal corporatio	ted" or the a on name must	bbreviation contain the
B. Enter new principal office address, if ap (Principal office address MUST BE A STRE)					-
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF)					- - -
D. If amending the registered agent and/or new registered agent and/or the new reg	registered office ad gistered office addre	dress in Florida, e ss:	nter the name	of the	
Name of New Registered Agent	<u>. </u>		· · · · · · · · · · · · · · · · · · ·		
	(Florida s	street address)	<u> </u>		
New Registered Office Address:		γ)	, Florida		_
	(Cit	(ינ		(Zip Code)	
New Registered Agent's Signature, if chang I hereby accept the appointment as registered			he obligations o	f the position.	

Signature of New Registered Agent, if changing

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 <math>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.

Example: X Change	<u>PT</u>	John Doe	
-		ZOINI DOC	
X Remove	$\underline{\mathbf{V}}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	L	KONALUR FRAZIER	134 SW CHILEN AVENUE FORTWHE, FL 32038
Add			Fortulte, FL 32038
Remove	\bigcirc		·
2) Change	\mathcal{L}	LONALD RFRAZIER JR	134 SW Cullen AVENUE
Add			134 SW Cullen Avenue Funtuh.te, FL 32038
Remove			
3) Change			
Add			
Remove			
4) Change		-	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	Attach additional sheets, if necessary).	(Be specific)
f an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:		
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The date of each amendment(s) adoption: date this document was signed.	, if other than the
Effective date if applicable: (no more than 90 days after amendment file date)	_
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by" (voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated Apr. C. 177 2014 Signature	
(By a director, president or other officer if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
(Typed or printed name of person signing)	_ <u>.</u>
(Typed or printed name of person signing)	
(Title of person signing)	_