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COVER LETTER

	Registration Sec Division of Corp			٠	
SUBJEC	Destin Span	ish House LLC			
	-	Name of Lim	ited Liability Company		
The enclos	sed Articles of A	Amendment and fee(s) are sub	mitted for filing.		
Please rett	ım all correspor	dence concerning this matter	to the following:		
		Berlinda Turino			
			Name of Person	<u></u>	
			Firm/Company		
		6 Renea Cv			
		Destin, Florida 32541	Address		
		bcrlindaturino@gmail.com	City/State and Zip Code		
			to be used for future annual report no	otification)	
For further	information co	ncerning this matter, please ca	all:		
Berlinda T			850 4997984 at ()		
	Name of I	Person	Area Code Dayti	ime 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)	Certified	e of Status &

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Destin Spanish House LLC	
(Name of the Limited Liability Company as it now appear (A Florida Limited Liability Company)	s on our records.)
The Articles of Organization for this Limited Liability Company were filed on $\frac{20}{100}$ Florida document number $\frac{1.24000265318}{100000000000000000000000000000000000$	24-06-11 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company ho	ere:
Destin Spanish Home LLC	
The new name must be distinguishable and contain the words "Limited Liability Company," the d	esignation "L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	207
	į=
Enter new mailing address, if applicable:	0
Mailing address MAY BE A POST OFFICE BOX)	78 31
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	59
B. If amending the registered agent and/or registered office address on our reagent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	
Enter Flor	ida street address
	, Florida
City	Zin 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.

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>	Address	Type of Action
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f an effec <u>Note:</u> I	ctive date, if other than the date of filing:	207 (as 1
d is file		he
Dated _	Signature of a member or authorized representative of a member	
	Me 4G13A	
	Signature of a member or authorized representative of a member	
	Berlinda Turino Typed or printed name of signee	

Filing Fee: \$25.00