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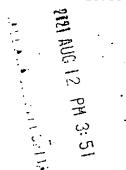
(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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## **COVER LETTER**

TO:

TO: Registration Se Division of Cor					
	SONS HOMES LLC				
SORTECT:	Name of Lim	nited Liability Company	<del></del>		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Bivision of Corporations  ROJAS & SONS HOMES 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:    DALILA REYES LOPEZ					
	DALILA REYES LOPEZ				
		Name of Person			
	<del> </del>	Firm/Company			
	7726 17TH PL	_			
		Address			
	LABELLE FL, 33935				
		City/State and Zip Code			
			tification)		
For further information c	oncerning this matter, please c	all:			
DALILA REYES LOPE	Z				
Name o	f Person	Area Code Daytir	ne Telephone Number		
Enclosed is a check for the	ne following amount:				
■ \$25.00 Filing Fee		Certified Copy	Certificate of Status &		
Mailing Addres		Street Address: Registration Se	ection		
Registration Section Division of Corporations		<del>-</del>	Division of Corporations		
P.O. Box 632		The Centre of			
Tallahassee, l	CL 32314	2415 N. Monro	be Street, Suite 810		

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

npany as it now appears on our records led Liability Company)	<u>.</u> )
any were filed on 02/10/2021	and assigned
iability company here:	
iability Company." the designation "LLC"	or the abbreviation "L.L.C."
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ce address on our records, <u>enter t</u>	
Enter Florida street address	
, Flo	rida Zip Code
	iability company here:  ability Company. The designation "LLC"  ce address on our records, enter to the enter the en

## New Registered Agent's Signature, if changing Registered Agent:

DOLLER & CONTRIBONICS LLC

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>	Name	Address	Type of Action
AMBR	DEVIN I ROJAS	7726 17TH PL	<b>≣</b> ∧dd
		LABELLE, FL 33935	□Remove
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ective date, if other than the date of filing:		(optional)	
n effective date is listed, the date must be specific and cannot be prior to te: If the date inserted in this block does not meet the applical	o date of filing or more than 90	days after filing.) Pu	rsuant to 605.0200
cument's effective date on the Department of State's records.	ole statutory filing requires	icins, ims date wit	There so hated as
ecord specifies a delayed effective date, but not an effective time	ne, at 12:01 a.m. on the ear	lier of: (b) The 90	Ith day after the
is filed.			
ALICULOTI 0/0/1			
AUGUST 9TH 2021			
ted AUGUST 9TH	<u> </u>		

Typed or printed name of signee