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COVER LETTER

Registration Section

TO:

Division of Corporations
SUBJECT: DP Investment Homes, CLC Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Deborah Pritchard Name of Person
DP Investment Homes, UC
P.O. Box 152543 Address
Cape Coral, F1 33915 City/State and Zip Code dpr.+Chardhomes (ad).com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Debomber + Chard at (239) 240 - 1230 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of Tallahassee
Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Dr Investment Homes, LLC 5	gar Sanar				
(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 $\frac{5/12/3010}{40000000000000000000000000000000000$					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liability company here:					
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."	ı				
Enter new principal offices address, if applicable:					
Principal office address MUST BE A STREET ADDRESS)					
Enter new mailing address, if applicable:	-				
Mailing address MAY BE A POST OFFICE BOX)					
3. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new registe</u> agent and/or the new registered office address here:	<u>red</u>				
Name of New Registered Agent:					
New Registered Office Address:	_				
Enter Florida street address					
19					

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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
MGRM	Charlotte Huss	15750 Quail Tr.	
		FL Myers, Fl 3391.	<u></u> ⊠Remove
			□Add
			□Remove
			□Change
			🗀 Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			Remove
		□Change	
			□Add
			Remove
			□Change

Page 2 of 3

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(If an ef Note:	five date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	November 21, 2019.
	1/
	Signature of a member or authorized representative of a member

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