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2018 APR ILL A II: 49
SECRETARY OF STATE
AND AND ASSEE, FLORIDA

APR 1 5 2016

8 MASON

COVER LETTER

TO: Registration Section Division of Corporations	ı		
SUBJECT: Dublin	House Name of Limite	ed Liability Company	
The enclosed Articles of Amendme	ent and fee(s) are subm	itted for filing.	
Please return all correspondence co	ncerning this matter to	the following:	
	nice Bre uplin He	Name of Person OUSE WWC Firm/Company	
149	86 Saba	 	
<u>Uan</u>	DESTON, F ice Q Du Bl E-mail address: (to	City/State and Zip Code -IN HOUSE Bouting up to be used for future annual report notification.	2.0m
For further information concerning	this matter, please call	l :	
Janice Brown F Name of Person	rancois	at (954) 648-190 Area Code Daytime Tele	ephone Number
Enclosed is a check for the following	ig amount:		
	00 Filing Fee & rtificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
MAILING ADD	nece.	STREET/COURIER	ABBBECC.

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Dublin Hous	se LLC	
(Name of the Limit	ed Liability Company as it now appears on our (A Florida Limited Liability Company)	records.)
The Articles of Organization for this Limited Li Florida document number <u>んりりひ</u> り	Tability Company were filed on $31a$	20 12015 and assigned
This amendment is submitted to amend the following	owing:	
A. If amending name, enter the new name of	f the limited liability company here:	
The new name must be distinguishable and contain the w	ords "Limited Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic		SSEE THE
(Principal office address MUST BE A STREE	T ADDRESS)	FFST D
		STATE LORID
Enter new mailing address, if applicable:	<u> </u>	P .
(Mailing address MAY BE A POST OFFICE)	BOX)	
B. If amending the registered agent and/ registered agent and/or the new registered of		cords, enter the name of the new
Name of New Registered Agent:	Brenor Francoi	SI
New Registered Office Address:	Enter Florida street	address
		, Florida
	City	Zip 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 Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

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
MGR	Brenor	FrancoisII	1486 Sabal Trl.	
,			Weston, FL 33327	Remove
•				☐ Change
m <u>ar</u>	Janice	5 Brown-Francois	5 1486 Sabal Tr1.	□ Add
	•		Weston, FL 33327	☐ Remove
				☐ Change
				🗖 Add
				Remove
				□ Change
				□ Add
				☐ Remove
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			5 (m) 5 (m) 2 (m) 2 (m)	□ Change
			HASSEE. F	
			FLORIDA	Remove
			DA DA	⊆ Change ···

If amending any other info		(2) 1102 CT (211110077 CHINATIO			_
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Effective date, if other than if an effective date is listed, the date Note: If the date inserted in the document's effective date on the	is block does not meet th	ne applicable statutory filin	(option nore than 90 days after fing requirements, this of	nal) lling.) Pursuant to 6 late will not be li	05.0207 sted as t
ne record specifies a dela The 90th day after the		but not an effective t	time, at 12:01 a.	m. on the ear	lier of
	, 2	λ		201	
Dated April 11 Janu		Olle. - Alawwi Cor or authorized representative	of a member	2016 JPR	1
Dated April 11 Janu Janice	L Brouge Signature of a member	λ	of a member	2016 PR IU A II: 49	TILED

Filing Fee: \$25.00