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SECRETARY OF STATE
TALLAHASSEE. FLORIDA

18 MAR 30 AM 3: 3

TÄLLÄHÄSSEE, FLORID

N COOPER MAR 3 0 2018

COVER LETTER

TO:	Registration Sec Division of Corp			
	Dublin Hou	se LLC		
SUBJEC	A:	Name of Limi	ted Liability Company	
The encl	osed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please re	eturn all correspor	ndence concerning this matter	to the following:	
		Janice D. Brown Francoi	ş	
			Name of Person	
		Dublin House LLC		
			Firm/Company	
		10820 W. Sample Road	Apt. 1201	
			Address	
		Coral Springs, Florida 33	3065	
			City/State and Zip Code	
		Janice@dublinhousebout		
		E-mail address: (to be used for future annual report notific	cation)
For furtl	ner information co	oncerning this matter, please ca	ıll:	
Janice	Brown-Francois		954 6481948 at ()	
	Name of	Person	at ()	Telephone Number
Enclose	d is a check for th	e following amount:		
\$25.	.00 Filing Fee	□ \$30.00 Filing Fee & Certificate 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 ADDRESS: Registration Section

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SECRETARY OF STATE
TALLAHASSEE. FLORIDA
18 MAR 30 AM 3: 32

Dublin House LLC			_ ယူ	25
(Name of the Limi	ted Liability Company as it now appea (A Florida Limited Liability Company)	rs on our records.)	32	NOA ADA
The Articles of Organization for this Limited L		/20/2015 and	assigned	
Florida document number L15000050929	 *			
This amendment is submitted to amend the foll	owing:			
A. If amending name, enter the new name of	of the limited liability company h	<u>ere</u> :		
The new name must be distinguishable and contain the	words "Limited Liability Company," the o	designation "LLC" or the abbreviation	"L.L.C."	
Enter new principal offices address, if appli	cable:		- — <u>É</u>	<u>-</u> E
(Principal office address MUST BE A STREE	ET ADDRESS)		_:	
			<u> </u>	SAC
				<u> </u>
Enter new mailing address, if applicable:			<u> </u>	000
(Mailing address MAY BE A POST OFFICE	BOX)		_; _	<u> </u>
B. If amending the registered agent and	l/or registered office address o	n our records, enter the nar	ne of the	е пем
registered agent and/or the new registered o	office address here:			
Name of New Registered Agent:				—
New Registered Office Address: 10820 W. Sample Road Apt. 1201				
	Enter Flo	orida street address		
		, Florida ³³⁰⁶⁵		
	Cir	Zin C	rdo	

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

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	<u>Address</u>	Type of Action
MGR/AMBQ	Janice D. Brown Francois	10820 W. Sample Road Apt. 1201 Coxal Springs, FL 3 3005	🗆 Add
			□ Remove
			Add
		<u> </u>	Remove
			Change
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ctive date, if other than t	ne date of filing:	(optional)
e: If the date inserted in this	nust be specific and cannot be prior to date of filing or more than block does not meet the applicable statutory filing requi	
iment's effective date on the	Department of State's records.	
ecord specifies a delay	ed effective date, but not an effective time,	at 12:01 a.m. on the earlier
ne 90th day after the r		
March 22	2018	
ed	·	
ka	Signature of a member or authorized representative of a me	

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Typed or printed name of signee

Filing Fee: \$25.00