LIL 000 000585

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

Office Use Only



700354585317

11/09/20--01023--012 **25.00

O SIMMONS DEC 15 2020

COVER LETTER

TO: Registration So Division of Cor		*	•
	STRUCTION LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	RASHONDA JOYNER		
		Name of Person	
	DHB CONSTRUCTION I	LLC	
		Firm/Company	
	3000 BENNETT LANE A	PT 106	
		Address	
	MELBOURNE FL. 32935		
		City/State and Zip Code	
	dhbconstructionIIc@gmail. E-mail address: (com to be used for future annual report not	itication)
For further information of	concerning this matter, please c	all:	
RASHONDA JOYNER		321 265-9417	
Name o	of Person	at ()at () Area Code Daytin	ne Telephone Number
Enclosed is a check for t	he 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 Addre		Street Address:	ation
Registration Section Division of Corporations		Registration Se Division of Co	
P.O. Box 632		The Centre of	Fallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DHB CONSTRUCTION LLC

alaha -0 717:54

(<u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appears on our records a Limited Liability Company)	<u></u>)
The Articles of Organization for this Limited Liability C	Company were filed on 1/30/2017	and assigned
Florida document number L16000000585		
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the lim</u>	nited liability company here:	
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD.	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	ed office address on our records, <u>enter</u>	the name of the new registo
Name of New Registered Agent:		
New Registered Office Address:	<u> </u>	
	Enter Florida street address	· ·
		orida
	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 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

ANIBR - Authorized Wellioer		Address Type of Ac		
<u>Title</u>	<u>Name</u>	Address	Type of Action	
AMBR	RASHONDA JOYNER	3000 BENNETT LANE APT 106	= Add	
		MELBOURNE FL. 32935	□Remove	
			□Change	
			□Add	
			□Remove	
			□ Change	
		□Add		
			□Remove	
			□ Change	
			🗆 Add	
			□Remove	
			□Change	
			□Add	
			□Remove	
			Change	
			□Add	
			Remove	
			_ ~:	

_	<u></u>
_	
_	
_	
_	
_	
_	
_	
_	
_	
~	
_	
	·
-	
_	
_	
(If an effe Note:	ve date, if other than the date of filing: NOVEMBER 10 2020 (optional) retive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (3 lf the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ent's effective date on the Department of State's records.
ne record ord is fil	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
Dated_	11/5/2020
	Signature of a member or authorized representative of a member
	Agrande of a meaner of authorized representative of a member
	DEXTERBROWNE DEXLER H BROWNE
	Typed or printed name of signee

Filing Fee: \$25.00