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COVER LETTER

TO:					
OF ID					
SUB	JEC1:		ited Liability Company		
The e	enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.		
Pleas	e return all correspor	ndence concerning this matter	to the following:		
	Registration Section Division of Corporations De Leon Homes Investment LLC JECT: Name of Limited Liability Company enclosed Articles of Amendment and fee(s) are submitted for filing. se return all correspondence concerning this matter to the following: Luz Dimayra De Leon Name of Person De Leon Homes Investment LLC Firm/Company 9359 Dearmont Ave Address Orlando, Florida 32825 City/State and Zip Code Idimayra@hotmail.com E-mail address: (to be used for future annual report notification) urther information concerning this matter, please call: Dimayra De Leon Area Code Daytime Telephone Number Dosed is a check for the following amount: \$25.00 Filing Fee \$30.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)				
			Name of Person		
De Leon Homes Investment LLC					
		9359 Dearmont Ave			
		***	Address		
		Orlando, Florida 32825			
			City/State and Zip Code		
		•			
		E-mail address: (t	to be used for future annual report notific	ation)	
For fi	urther information co	ncerning this matter, please ca	ill:		
Luz l	Dimayra De Leon		•		
	Name of	Name of Limited Liability Company If Articles of Amendment and fee(s) are submitted for filing. If all correspondence concerning this matter to the following: Luz Dimayra De Leon			
Enclo	osed is a check for the	e following amount:			
□ \$:	25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy	

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

TO ARTICLES OF ORGANIZATION OF

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Company)		
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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

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
Vice Pres	Nemesie Marie Esteves	9359 Dearmont Ave	
		Orlando, Fl 32825	■ Remove
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		-	Change
MGR	Nemesie Marie Esteves	9359 Dearmont Ave	⊒ Add
		Orlando, Fl 32825	☐ Remove
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fan effective date is listed, the date must be specific and canno Note: If the date inserted in this block does not meet the locument's effective date on the Department of State's e record specifies a delayed effective date,	ne applicable records.	e statutory f	iling requirer	nents, this date w	vill not i	be listed
The 90th day after the record is filed.						
September 7th 20	16					
Xw Dimainalk	er or authoriz	ed representa	tive of a memb	er		
Luz Dimayra De Leon						
	d or printed t	name of signe	<u>e</u>	<u>.</u>		_

Page 3 of 3

Filing Fee: \$25.00