

217000091750

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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2017 SEP -5 PM 4:17
CLERK OF COURT
TALLAHASSEE, FL 32301

K SALY

OCT -6 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 10, 2017

DHY PROPERTY MANAGEMENT LLC
DOMINIQUE HERIVEAUX
15512 SW 60TH ST.
MIAMI, FL 33193

SUBJECT: DHY PROPERTY MANAGEMENT LLC
Ref. Number: L17000091750

We have received your document for DHY PROPERTY MANAGEMENT LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We do not accept pieced together documents. Enclosed is an amendment form for your convenience. Please complete this form and send the complete form back to our office. We will use the money already submitted.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly
Regulatory Specialist II

Letter Number: 717A00016317

2017 SEP -5 PM 3:10

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DHY Property Management, LLC.
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Dominique Hériveaux
Name of Person

DHY Property Management, LLC
Firm/Company

15512 SW 60th Street
Address

Miami, FL 33193
City/State and Zip Code

dheriveaux@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dominique HERIVEAUX at (786) 488-5955
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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

DHY Property Management, LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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2017 SEP -5 PM 4:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 4/25/2017 and assigned
Florida document number L 170000 91750

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."

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)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

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

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> | <u>Address</u> | <u>Type of Action</u> |
|--------------|----------------|--------------------|---|
| AMBR | YVANS GAUCHIER | 15512 SW 60 Street | <input checked="" type="checkbox"/> Add |
| | | MIAMI, FL 33193 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MBR | Ashlie ALVAREZ | 15512 SW 60 Street | <input checked="" type="checkbox"/> Add |
| | | MIAMI, FL 33193 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
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MIAMI, FL 33133

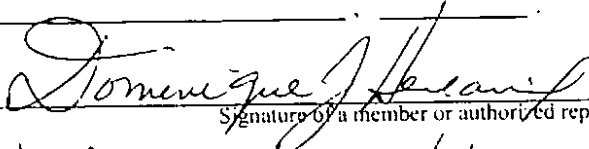
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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2017 SEP -5 PM 4:17
TALLAHASSEE, FLORIDA


E. Effective date, if other than the date of filing: _____ (optional)
(If an effective 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)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated _____



Signature of a member or authorized representative of a member



Typed or printed name of signee