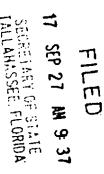
(Requestor's Name)
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COVER LETTER

FO: Registration Se Division of Cor			
suвјест: <u>ИС</u>	DUHOMES LI Name of Limi	ted Liability Company	
	Amendment and fee(s) are sub-		
Piease return an correspo	HERN	DC	
	4875	Firm/Company Sw 152 Address	CT, UNIT F
	MIKM E-mail address: (1)	Chy/State and Zip Code AV + Error Pero O to be used for future annual report noti	
For further information c	oncerning this matter, please ca	•	
H∈ R Name o	AND DIWRTE	at (<u>305)</u> <u>250 {</u> Area Code Daytim	3125 e 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 ADDRESS:

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

(Name of the Limited Limited (A Florida Limited	<u> </u>	·····
The Articles of Organization for this Limited Liability Company Florida document number <u>L 170()193962</u>	were filed on $\frac{09/18/20}{}$	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab UHOMENOU The new name must be distinguishable and contain the words "Limited Liabi	J LLC	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		17 SEB
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		FILED SEP 27 M 9: 37 RETARY OF STATE ANASSEE FLORIDA
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		r the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
 	, Florida _	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:

<u>Title</u>	Name	Address	Type of Action
			
			□ Remove
			☐ Change
			🖸 Add
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Filing Fee: \$25.00