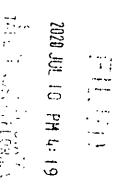
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COVER LETTER

Registration Section

TO:

Divisior	of Corpo	rations			
	ame chang	e from DLP Brite Homes To	: DLP HOMES LLC		
SUBJECT:		Name of Lim	ited Liability Company		
The enclosed Art	icles of Ar	mendment and fee(s) are sub-	mitted for filing.		
Please return all o	correspond	ence concerning this matter	to the following:		
			Donald Wenner		
			Name of Person		2020 JUL 10
			Firm/Company		
			605 Palencia Club Drive		. P
			Address	***	PH II 19
			St Augustine, FL 32095		ار از دور مر
			City/State and Zip Code Barry@dlpre.com		
		E-mail address: (to be used for future annual report noti	fication)	
For further inform	mation con	cerning this matter, please ca	all:		
В	arry W. Do	eGroot	904 342-6880 at ()		
	Name of P	erson		e Telephone Numbe	er
Enclosed is a che	ck for the	following amount:			
□ \$25.00 Filing	g Fec	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifie	ate of Status &
Regist Divisio P.O. B	Address: ration Se on of Cor sox 6327 assee, FL	porations	Street Address: Registration Se Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations Callahassee Street, Suite	810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DLP Brite Homes LLC	
(<u>Name of the Limited Liability Company as it n</u> (A Florida Limited Liability C	now appears on our records.) Company)
The Articles of Organization for this Limited Liability Company were fil Florida document number L18000020310	led on April 12, 2019 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability con	mpany here:
DLP HOMES LLC	
The new name must be distinguishable and contain the words "Limited Liability Comp	pany," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	7.5
(Principal office address MUST BE A STREET ADDRESS)	
	. 0
Enter new mailing address, if applicable:	7
	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>
B. If amending the registered agent and/or registered office address agent and/or the new registered office address here:	on our records, <u>enter the name of the new register</u>
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>	Address	Type of Action
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			□Change
			□Add
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rective date, if other than the date of filing: n effective date is listed, the date must be specific and cannot be prior to date of filing: te: If the date inserted in this block does not meet the applicable statutor cument's effective date on the Department of State's records.	(optional) ng or more than 90 days after filing.) Pursuant to 605.0 ry filing requirements, this date will not be listed
cord specifies a delayed effective date, but not an effective time, at 12:01 s filed.	1 a.m. on the earlier of: (b) The 90th day after t
ed, 2020 / .	
Signature of a member or authorized represe	maring of a member

Filing Fee: \$25.00