# 118000072196

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## **COVER LETTER**

Division of Con		•	
D&H MOI	DERN HOME LLC		
SUBJECT:	Name of Limit	ed Liability Company	
The enclosed Articles of	Amendment and fee(s) are subm	itted for filing.	
Please return all correspo	ondence concerning this matter to	the following:	
	DAVID VIERA		
		Name of Person	
		Firm/Company	<u> </u>
	10435 NW 132 ST		
		Address	
	HIALEAH FL 33018		
		City/State and Zip Code	
•	GA Fi-mail address: (to	vid 1 Viera @ yahoo be used for future annual report notifi	oction)
For further information of	concerning this matter, please cal		outon,
Dav	id Viera	at (305) 218 - Area Code Daytime	3401
Name o	of Person	Area Code Daytime	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, 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

D&H MODERN HOME LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 3/20/2018 and assigned Florida document number \_\_\_\_\_L18000072196 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

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.

New Registered Agent's Signature, if changing Registered Agent:

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
AMBR	DAVID VIERA, SR.	10435 NW 132 ST	
		HIALEAH FL 33018	_ ■ Remove
MGR DAVID VIEW	DAVID VIERA	10435 NW 132 ST	■ Add
		HIALEAH FL 33018	□ Remove
			☐ Change
	_	_ □ Add	
			□ Remove
-			☐ Change
•		_	Add
		Remove	
			☐ Change
		Add	
		Remove	
			Change
		□ Remove	
			☐ Change

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ffective date, if other than the d	ate of filing:	(optional)
Note: If the date inserted in this bloc	e specific and cannot be prior to date of filing or more than k does not meet the applicable statutory filing requir	
ocument's effective date on the Dep	artment of State's records.	
e record specifies a delayed e	effective date, but not an effective time, a	at 12:01 a.m. on the earlier
The 90th day after the recor		
APRIL 24'	2018	
Dated APRIL 24'	, 2018	
Dieno	_	
S	gnature of a member or authorized representative of a me	mber
DAVID VIERA	Manager/ m Typed or printed name of signec	ember

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Filing Fee: \$25.00