L18000224950

(Requestor's Name)
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(Address)
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PICK-UP WAIT MAIL
(Business Entity Name)
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COVER LETTER

Division of Corpo	rations		
SUBJECT: D. HOMES IN	NVESTMENT LLC		
	Name of Limi	ted Liability Company	
The enclosed Articles of An	nendment and fee(s) are sub-	nitted for filing.	
Please return all corresponde	ence concerning this matter	to the following:	
		Jacqueline Horta	
		Name of Person	
	JHo	orta Accounting & Taxes Inc	
		Firm/Company	
		12905 SW 42 Street Suite 217	
		Address	
		Miami, FL 33175	
		City/State and Zip Code	
<u>:</u>	jhortafl@bellsouth.net		
		o be used for future annual report notifica	tion)
For further information conc	erning this matter, please ca	ill:	
Jacqueline	Нопа	305 387-2906	
Name of Pe	erson	at () Area Code Daytime To	elephone Number
Enclosed is a check for the f	ollowing amount:		
	S30.00 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:

TO:

Registration Section

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

	ES INVESTMENT LLC		
(<u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appear a Limited Liability Company)	's on our records.)	
		, ,	
The Articles of Organization for this Limited Liability C	Company were filed on	9/21/2018	and assigned
Florida document number 1.18000224950			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim	nited liability company ho	ere:	
he new name must be distinguishable and contain the words "Lin	nited Liability Company," the d	esignation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:			
<u>Principal office address MUST BE A STREET ADD</u>	RESS)		
		TA _C	
Enter new mailing address, if applicable:		三二	그 등 <u>비</u>
Mailing address MAY BE A POST OFFICE BOX)		97	2
Samuel Marie			. 22
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B. If amending the registered agent and/or registered agent and/or the new registered office add		our records, enter	the name of the
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Flor	rida 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
Member	Elizabeth Echevarria Valdez	7214 SW 149th Court	Add
		Miami . Florida 33193	☐ Remove
			Change
Member			□ Add
			□ Remove
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ffective date, if other than the date of filing:	(optional)	
an effective date is listed, the date must be specific and cannot be prior to date of filing or <b>lote:</b> If the date inserted in this block does not meet the applicable statutory file.	r more than 90 days after filing.) Pursuant t ling requirements, this date will not be	o 605,020 : listed a
ocument's effective date on the Department of State's records.		
e record specifies a delayed effective date, but not an effective The 90th day after the record is filed.	e time, at 12:01 a.m. on the e	arlier
,		
JULY, 30 2019		
$\frac{1}{6}$	<b>-</b>	
	_ /	

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Typed or printed name of signee

Filing Fee: \$25.00