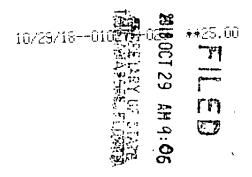
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COVER LETTER

TO: Registration Se Division of Cor					
DEMTOW SUBJECT:	NHOUSE, LLC				
NUBJECT:	Name of Lim	ited Liability Company		_	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	EMERSON LAPSLEY				
		Name of Person			
	DEMTOWNHOUSE, LLC	3			
		Firm/Company	-	_	
	5200 28TH ST N STE 343				
		Address			
	SAINT PETERSBURG , F	FL 33714		و م	
	AAAEASTERN@GMAIL.	City/State and Zip Code COM		2018 OCT	
	E-mail address; (to be used for future annual re	eport notification)	1 29	ţ
For further information c	oncerning this matter, please co	all:		1000 至	
EMERSON LAPSLEY		727 280-	-4734	ibergial 8	
Name o	f Person	Area Code	Daytime Telephone Num	iber है	
Enclosed is a check for the	ne following amount:				
S25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is each	Certif osed) Certif	Filing Fee. licate of Status & lied Copy lind 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

ability Company as it now appears on on lorida Limited Liability Company)	r records.)
ity Company were filed on 9/24/2021	8 and assigned
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g:	
limited liability company here:	
"Limited Liability Company," the designation	on "LLC" or the abbreviation "L.L.C."
:	
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address nere.	72
<u> </u>	
Enter Florida stree	192
Law i io ad Sive	•
City	, Florida Zip Code
	Limited liability company here: "Limited Liability Company." the designation: DDRESS) registered office address on our traddress here:

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.

It 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>	Type of Action
MGR	DIANE BISSELL	\$661 REVERBEND DR	
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CHANGING LLC FROM MANAGER MANAGED TO MEMBER MANAGE			
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PU 1110 P. 188			
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OCTOBER 15 . 2018			
Emmy Logisley			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00