# 18000336546

| (Requestor's Name)                      |
|---|
| (Address)                               |
| (Address)                               |
| (City/State/Zip/Phone #)                |
| (0.0,0.00.2.12). (10.10.11)             |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
| (Bosiness Emily Nume)                   |
| (Document Number)                       |
|   |
| Certified Copies Certificates of Status |
|   |
| Special Instructions to Filing Officer: |
|   |
| J. HORNE                                |
| JUL 18 2023                             |
|   |
|   |

Office Use Only



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ALLAHASSEE, FLORIS

RECEIVED

### **COVER LETTER**

TO:

| TO: Registration So<br>Division of Cor |  |   |   |
|--|--|---|---|
| DY FAMII<br>SUBJECT:                   | LY HOME LLC                                  |   |   |
| SUBJECT:                               | 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:   |   |
|  | Yunaisis Gonzalez                            |   |   |
|  |  | Name of Person  | <del></del>   |
|  | DY FAMILY HOME LLC                           | •   |   |
|  |  | Firm/Company  |   |
|  | 12713 Fltwood Creek Dr                       |   |   |
|  |  | Address   |   |
|  | Gibsonton FL 33534                           |   |   |
|  |  | City/State and Zip Code   |   |
|  | dyfamilyhomelle@gmail.co                     |   |   |
|  | E-mail address: (                            | to be used for future annual report no                              | titication)   |
| For further information c              | oncerning this matter, please c              | all:  |   |
| Yunaisis Gonzalez                      |  | 813 235-8343  |   |
| Name o                                 | f Person                                     | Area Code Daytii  | me Telephone Number   |
| Enclosed is a check for the            | ne 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,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
| Mailing Address Registration S         | Section                                      | Street Address:<br>Registration Se                                  |   |
| Division of C<br>P.O. Box 632          |  | Division of Co<br>The Centre of                                     |   |
| Tallahassee, l                         |  |   | oe Street, Suite 810  |

Tallahassee, FL 32303

#### Ø

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

**OF** 2023 JUL 18 ...

DY FAMILY 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 Lia  |                      | were filed on 10/05/201    | 8                         | _ and assigned      |
|--|----------------------|----------------------------|---------------------------|---------------------|
| Florida document number L18000236546   |                      |                            |                           |                     |
| This amendment is submitted to amend the follow  | wing:                |                            |                           |                     |
| A. If amending name, enter the new name of (   | the limited liabil   | ity company here:          |                           |                     |
| Not Applicable   |                      |                            |                           |                     |
| The new name must be distinguishable and contain the wo                                    | rds "Limited Liabili | ty Company," the designati | on "LLC" or the abbre     | viation "L.L.C."    |
| Enter new principal offices address, if applica  | ble:                 | not applicable             |                           |                     |
| (Principal office address MUST BE A STREET   | ADDRESS)             |                            |                           |                     |
|  |                      |                            |                           |                     |
| Enter new mailing address, if applicable:  |                      | not applicable             |                           |                     |
| (Mailing address MAY BE A POST OFFICE BOX)   |                      |                            |                           |                     |
|  |                      |                            |                           |                     |
| B. If amending the registered agent and/or regard and/or the new registered office address |                      | ddress on our records      | , <u>enter the name o</u> | f the new registere |
| Name of New Registered Agent:  | not applicable       | ·                          | _                         |                     |
| New Registered Office Address:   |                      | Enter Florida stre         | et address                |                     |
|  |                      |                            | , Florida                 |                     |
|  |                      | City                       | , 11011014                | 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 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> | Name           | Address                 | Type of Action |
|--------------|----------------|-------------------------|----------------|
| MGR          | Diosdado Perez | 12713 Flatwood Creek Dr | □ Add          |
|              |                | Gibsonton FL 33534      | ■Remove        |
|              |                | 12713 Flatwood Creek Dr | _              |
| MGR          | Bryan Perez    | Gibsonton Fl. 33534     |                |
|              |                |                         | <b>-</b>       |
|              |                |                         | Change         |
|              |                |                         | □Add           |
|              |                | □Remove                 | □Remove        |
|              |                |                         | □Change        |
|              |                |                         |                |
|              |                | <del>-</del>            | □Remove        |
|              |                |                         | □ Change       |
|              |                |                         | □Add           |
|              |                |                         | □Remove        |
|              |                |                         | Change         |
|              |                |                         | □Add           |
|              |                |                         | □Remove        |
|              |                |                         | □Change        |

| Remove Bryan Pere  | ~   |   |   | <del></del> _                                  |   | _                    |
|--|---|---|---|--|---|----------------------|
|  |   | <del></del>                                   |   |  |   | -                    |
|  |   |   | ,   | <del>-</del>                                   |   | _                    |
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|  | <del></del>                               |   |   | <del></del>                                    | _ <del></del> _                                       | -                    |
|  |   |   |   |  |   |                      |
| ffective date, if other t  | han the date of                           | filing:                                       |   | (opt   | ional)  |                      |
| an effective date is listed, the <b>Sote:</b> If the date inserted | date must be specif<br>in this block does | ic and cannot be prior<br>not meet the applic | r to date of filing or r<br>cable statutory filir | nore than 90 days aften<br>ng requirements, th | er filing.) Pursuant to 60<br>is date will not be lis | 5.0207 (<br>ted as t |
| ocument's effective date   | on the Departmen                          | t of State's records                          | i.  |  |   |                      |
|  |   |   |   |  |   |                      |
| record specifies a delayed is filed.                               | l effective date, bu                      | it not an effective t                         | ime, at 12:01 a.m.                                | on the earlier of: (                           | b) The 90th day afte                                  | er the               |
| ris med.   |   |   |   |  |   |                      |
| ated July 18   |   | 2023  |   |  |   |                      |
|  |   |   | •   |  |   |                      |
|  |   |   |   |  |   |                      |
|  |   | ca a member or auth                           | ٦.  |  |   |                      |

Filing Fee: \$25.00