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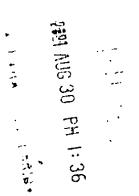
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COVER LETTER

TO:

то:	Registration Se Division of Cor		•	r	
cu:Du		DI	HOME LLC	•	
SORJI	ECT:	Name of Lim	ited Liability Company		
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please	return all correspo	ndence concerning this matter	to the following:		
		JEAN	CARLOS GONZALEZ SALAZA	AR	
			Name of Person		
			D HOME LLC		
	Firm/Company				
	1400 COLONIAL BLVD SUITE 261				
			Address		
		FO	RT MYERS FL. 33907		
		-	City/State and Zip Code		
		E-mail address: (to be used for future annual report no	tification)	
For fur	ther information co	oncerning this matter, please ca	all:		
JEAN	CARLOS GONZA	ALEZ SALAZAR	239 296 9907 at ()		
	Name of	f Person	Area Code Dayti	ne Telephone Number	
Enclos	ed is a check for th	ne following amount:			
% \$2	5.00 Filing Fee	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 Addres Registration S		Street Address: Registration S	ection	
	Division of C		Division of Co	orporations	
	P.O. Box 632 Tallahassee, F		The Centre of 2415 N. Monr	Tallahassee oe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

D HOM	IE LLC	
(<u>Name of the Limited Liability Com</u> (A Florida Limite	npany as it now appears on our records.) ed Liability Company)	
The Articles of Organization for this Limited Liability Comparison document number $\frac{L19000112151}{L19000112151}$.	ny were filed on 04/24/2019	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
The new name must be distinguishable and contain the words "Limited Lia	ability Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u>.</u>
(Principal office address MUST BE A STREET ADDRESS)		, ५ ० *
Enter new mailing address, if applicable:		AUG 30
(Mailing address MAY BE A POST OFFICE BOX)		. P.
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	ce address on our records, enter the	name of the new registe
and the state of t		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florid	
	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 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 at or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR .	ANA MARIA SALAZAR	3416 41ST ST W LEHIGH ACRES FL, 33976	■Add
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Effective date, if other than the date fan effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Depart	e specific and cannot be prior to control does not meet the applicable	late of filing or more than 90 days	ptional) after filing.) P this date wi	ursuant to 605.020 Il not be listed a:
record specifies a delayed effective d d is filed.	ate, but not an effective time	, at 12:01 a.m. on the earlier o	f: (b) The S	Oth day after the
August 26th	2021			
	1 -			
	11/1/			
Sig	mature of a member or authorize	ed representative of a member	-	

Filing Fee: \$25.00