

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



000335924030

10/24/19--01018--018 \*\*25.00

2019 OCT 24 PM 12: 52 SECRETARY OF STATE TALL ARASSES, FI ORIDA

1001 : 1001 A 2117 X \_ S

## **COVER LETTER**

	Registration Se Division of Cor			•
eun iez		ON GROUP HOME LLC		
SUBJEC	.1;	Name of Lim	ited Liability Company	<del></del> .
		Amendment and fee(s) are sub	_	
Please re	turn all correspo	RODOLFO DE SOUZA	to the following:	
		DEDICATION GROUP H	Name of Person OME LLC	
		3092 PALM PLACE	Firm/Company	
		MARGATE/ FL 33063	Address	
		DEDICATIONGH2019@G	City/State and Zip Code MAIL.COM	<u>.                                    </u>
For furth	er information c	E-mail address: ( oncerning this matter, please ca	to be used for future annual report notif all:	ication)
EVELIN	I DESOUZA		754 779-0933	
	Name o	f Person	at () Area Code Daytimo	: Telephone Number
Enclosed	l is a check for th	ne following amount:		
<b>■ \$25.</b> 0	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

## ARTÍCLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DEDICATION GROUP HOME LLC		
( <u>Name of the Limited Li</u> (A Fl	ability Company as it now appears on our records.) orida Limited Liability Company)	
The Articles of Organization for this Limited Liabili	ty Company were filed on 07/22/2019	and assigned
Florida document number L19000187859		
This amendment is submitted to amend the following	g:	
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" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable	·	
(Principal office address MUST BE A STREET AI	ODRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>	TO THE
B. If amending the registered agent and/or r registered agent and/or the new registered office :	egistered office address on our records, address here:	enter the name of the ne
Name of New Registered Agent:		957 2
New Registered Office Address:		
	Enter Florida street address	
<u> </u>	, Flori	
	City	Zin 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>	<u>Address</u>	Type of Action
MGR	EVELIN DESOUZA	3092 PALM PLACE MARGATE FL 33063	■ Add
			Remove
			Change
<del></del> ;			Add
			Remove
			□ Change
			□ Add
			☐ Remove
			☐ Change
			<b>D</b> Add
		<del></del>	Remove
			Change
	<del></del>		Add
			Remove
			Change
			Add
		-	□ Remove
			☐ Change

					<u>.</u>		· · · · · · ·	
						-		
						•		
<del></del>								
			•		<u> </u>			<del></del>
<del> </del>					<del> </del>			<del></del>
-		<del></del>		<del></del>			-	<del></del>
								· · · · · · ·
		<del></del>						<del></del>
ffective date.	f other than the dis s listed, the date must b	ate of filing	;:			(opt	ional)	
Note: If the date	inserted in this bloc tive date on the Dep	k does not m	neet the app	licable statu	ning or more tr tory filing req	an 90 days an uirements, th	is date will no	on to 605.020 of be listed as
	cifies a delayed of your contraction of the contraction of the record of the contraction		ate, but	not an eff	ective time	, at 12:01	a.m. on the	e earlier o
0.000	n 12		2010	[]				
OCTOBE Dated	K.16	<u></u> •	2019	<u>K</u> .				
		12	1	·	<del>-</del> -			
			- 12		<del></del>			
		anadure of a	sember or hi	thorized some	econtative of a	member		
<del></del>	Si	gnature of a n	nember or a	ithorized repr	esentative of a	member		<del></del>

Page 3 of 3

Filing Fee: \$25.00