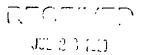
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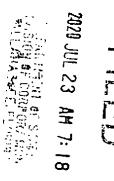
Office Use Only



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SEP 10 2020 S. YOUNG

COVER LETTER

TO: Registration Secti Division of Corpo			
SUBJECT: <u>A</u>	Her Hone De	sean LLC	
The enclosed Articles of An	nendment and fee(s) are sub-		
		2. Cialyez Name of Person	
	AZTOT HO	Me Destern UC Firm/Company	<u>,</u>
	9932 NW 20	d Court Address	
		FL 35324 City/State and Zip Code	
For further information con	fi-mail address: () cerning this matter, please ca	(a) Mail - Corr to be used for future annual report n all:	otitication)
Jean Pierre Name of P	<u>Gralvet</u>	at (<u>954</u>) <u>673</u> Area Code Dayt	me Telephone Number
Enclosed is a check for the	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. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address:		Street Address:	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Azter Home Design	U.C. B
(Name of the Limited Liability Compar (A Florida Limited I	iny as it now appears on our records.)
The Articles of Organization for this Limited Liability Company Florida document number <u>L2000</u>) <u>7936</u> . This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liabi	ASSET TO THE PROPERTY OF THE P
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "LLC."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	663 Vista Isles Dr. Apt. 1728 Plantation Fl 33325
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>enter the name of the new registere</u>
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	Cuy Zap Conc

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
AMBR	Dona Riberro	663 Vista Isles Dr. Apt. Plantation, FL 33325	1728 WAdd
			□Remove
			□Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change
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			□Change
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			□Change
			□Add
			□Remove
			□Change

Page 2 of 3

	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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<u></u>	
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Note:	ve date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	TUN 17 2020.
	Signature of a member or authorized representative of a member
	Typed or printed name of signee

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