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FILED 2020 OCT 23 AMII: 28

## **COVER LETTER**

Registration Section

TO:

Division of Corporations			
	DA HOMES, 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	ndence concerning this matter	to the following:	
	CRISTINA GARCIA		
		Name of Person	
	CG FLORIDA HOMES, L	LC	
		Firm/Company	
	2279 CORDOBA BEND		
		Address	
	WESTON, FL 33327		
	CGM17000@GMAIL.CON	City/State and Zip Code	
	_	to be used for future annual report not	ification)
For further information c	oncerning this matter, please c	all:	
CRISTINA GARCIA		305 394-7317 at ()	
Name o	f Person	Area Code Daytin	ne 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, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S		Street Address: Registration Se	
Division of C		Division of Cor The Centre of 1	•
P.O. Box 632 Tallahassee, l			oe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CG FLORIDA HOMES, LLC		
( <u>Name of the Limited Liabi</u> (A Florid	lity Company as it now appears on our records.) la Limited Liability Company)	
The Articles of Organization for this Limited Liability	Company were filed on 09/24/2020	an an assigned
Florida document number L20000301892	<del></del> ·	100 F
This amendment is submitted to amend the following:		1 23
A. If amending name, enter the new name of the lin	nited liability company here:	argassigned  OCT 23  FILE  or the abbreviation "L.L.O."
he new name must be distinguishable and contain the words "Lit	mited Liability Company," the designation "LLC" of	r the abbreviation "L.L.C"
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADD	RESS)	
Inter new mailing address, if applicable:		<u> </u>
Mailing address MAY BE A POST OFFICE BOX)		
<ol><li>If amending the registered agent and/or registere agent and/or the new registered office address here:</li></ol>		e name of the new registe
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flori	
	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 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	DIANA SHAPIRO	2352 DATE PALM RD, BOCA RATON, FL 33432	<b>=</b> Add
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f an effec <b>Note:</b> If	re date, if other than the date of filing:
e record d is filed	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated _	$\frac{10 20 }{\sqrt{2020}}$
	Signature of a momber or authorized representative of a member
	Signature of authorized representative of a member
	Typed or printed name of signee