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Division of Corporations

Fax Number : (850)517-6383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 Phone : (305)552-5973 Fax Number : (305)675-5944

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN DEC HOMES, LLC.

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ARTICLES (	OF AMENDMENT	7A.	
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ARTICLES	ORGANIZATION OF	期日	T
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Dec Homes, LLC.		면의 <b>연</b>	Ö
(Name of the Limited Liability Co	mpany as it now appears on our records.) led Liability Company)	<del>- 23</del> 5	
(A Plonda Limi	led Liability Company)	2: 46 TATE ORID	
The Articles of Organization for this Limited Liability Compa	any were filed on 03/05-2021	₩.	
Florida document number L21000096583		and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited !	laktiik.		
a said the new name of the number i	mounty company here:		
The new name must be distinguishable and coats in the second seco			
The new name must be distinguishable and contain the words "Limited Li	ability Company," the designation "LLC" or the a	boreviation "L.L.C."	_
Enter new principal offices address, if applicable:	-		
(Principal office address MUST BE A STREET ADDRESS)	· · · · · · · · · · · · · · · · · · ·		_
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Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
MATERIAL POST OFFICE BOX		<del></del>	
R. If amonding the posistoned agent and the second agent			
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our records, enter the nan	te of the new regis	tered
Name of New Registered Agent:			
Manie of New Registered Agent:	· · ·	A	_
New Registered Office Address:			
	Enter Florida street address		_
	, Flori ta		
	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! 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

Title	Name	Address	Type of Action
MGR	Carlos Ferreyros		2 The of Action
			□Add
			Remove
•			□ Change
MGR	Eduardo Hernandez	3785 NW 82nd Ave Suite 117, Doral FL 53166	<b>⊟</b> ∧dd
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****** ** *** **** ******	are on the Department of	n state's record	<b>S</b> .			
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