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(Req	uestor's Name)	
(Add	lress)	
(Add	lress)	<u>.</u>
(City	//State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Bus	iness Entity Nar	me)
(Doc	cument Number))
Cenified Copies	Certificate	s of Status
Special Instructions to F	Filing Officer:	
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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 * Tallahassee, Florida 32301 (850) 224-8870 * 1-800-342-8062 * Fax (850) 222-1222

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HOMES WITH DJ LL	.C			
				
				Art of Inc. File
				LTD Partnership File
				Foreign Corp. File
				L.C. File
				Fictitious Name File
		,		Trade/Service Mark
				Merger File
				Art. of Amend. File
				RA Resignation
				Dissolution / Withdrawal
				Annual Report / Reinstatement
				Cert. Copy
				Photo Copy
				Certificate of Good Standing
				Certificate of Status
				Certificate of Fictitious Name
				Corp Record Search
				Officer Search
				Fictitious Search
Signature				Fictitious Owner Search
6				Vehicle Search
				Driving Record
Requested by: SETH	10/31/22			UCC 1 or 3 File
Name	Date	Time		UCC 11 Search
Haille	Date	THIC		UCC 11 Retrieval
Walk-In	Will Pick Up			Courier

COVER LETTER

TO: Registration S Division of Co			
SUBJECT:	Homos Name of Lim	WHW DT CL ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	-		
		Name of Person	
		Firm/Company	
		Address	
		Audress	
		City/State and Zip Code	
		to be used for future annual report notif	ication)
For further information of	concerning this matter, please ea	dl:	
Name (of Person	at () Area Code Daytime	: Telephone Number
Enclosed is a check for t	he following amount:		
S25.00 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

ARTICLES OF AMENDMENT TO

ARTICLES OF	ORGANIZATION	
	a	

Zip Code

ARTICLES OF	of the state of th
Homes wtt (Name of the Limited Liability Comp. (A Florida Limited	2022 OCT 31 AH 10: 49 OTUCSTORE JAN 10: 49 Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L 2 000 31 9 7 8</u>	were filed on 03/24/2022 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	oility company here:
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	18538 Ayrshive Cir Port charlotte FL 33948
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	9804 Victoria rd Gpring field VA 22151
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her	ffice address on our records, enter the name of the new e:
Name of New Registered Agent: New Registered Office Address:	Kiet Vuong 538 Ayrshire Cir Enter Florida street address
	Enter Florida street address Charlotte Florida 33948

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.

City

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>	Address	Type of Action
MGTR	Kiet Vung	1853 y Ayrshire Civ Port charlotte FL339	□ Add 4
			Change
MGR 1	Aguyet Anh T Tran	18538 Ayrsture Cil Port charlotte FL3394	
			□ Remove
			Change
			Add
			□ Remove
			Change
			Remove
			Change
	· · · · · · · · · · · · · · · · · · ·		Add
			□ Remove
			Change
			□ Add
			□ Remove
			Change

	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
-	
 	
(II an effectiv <u>Note:</u> If the	date, if other than the date of filing:
	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: th day after the record is filed.
Dated	10/31/22
	Signature of a member or authorized representative of a member
	Jenny Navyen Dinh and hiet Vurno

Page 3 of 3

Filing Fee: \$25.00