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# **COVER LETTER**

TO: Registration Se Division of Cor				
SUBJECT:	VARGAS HOME	E IMPROVE MENT  ited Liability Company	LLC	
	Amendment and fee(s) are sub	<u>-</u>		
r rease recuiri un correspe	•	N E VARGAS  Name of Person		
		DHE 14PROVEMENT	T LLC	
	213 STR	ELDW FARMS RI Address	DAIS	
		City/State and Zip Code		
For further information e	E-mail address: (	HOMES 21@ GHAN to be used for future annual report noti all:	fication)	
ADELAN MOD		at ( <u>850)</u> 72' Area Code Daytim	e Telephone Number	
Enclosed is a check for th				
□ \$25.00 Filing Fee	\$\hbbeck{\chi}\$ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)		

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

## Street Address:

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

VAICGAS H	DME IMPROVEMENT LLC
Name of the Limit	ited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
The Articles of Organization for this Limited Li Florida document number \(\bar{\rm 21000}\) 334	iability Company were filed as 7/23/21
This amendment is submitted to amend the following	owing:
A. If amending name, enter the new name of	
The new name must be distinguishable and contain the we	ords "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	able:
(Principal office address MUST BE A STREET	TADDRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE B	BOX)
B. If amending the registered agent and/or reg agent and/or the new registered office address Name of New Registered Agent:	gistered office address on our records, <u>enter the name of the new registere</u> <u>here</u> :
New Registered Office Address:	
- State of Office Addition	
	Enter Florida street address
· -	- Florida
ew Registered Agent's Signature, if changing Reg	City Florida City City City City City City City City
ew Registered Agent's Signature, if changing Reg hereby accept the appointment as registered a rovisions of all statutes relative to the proper a reept the obligations of my position as register ring filed to merely reflect a change in the year	red agent as provided for in Chapter 605, F.S. Or. if this document is
lew Registered Agent's Signature, if changing Reg hereby accept the appointment as registered a rovisions of all statutes relative to the proper a eccept the obligations of my position as register	red agent as provided for in Chapter 605, F.S. Or. if this document is

f amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added r removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>l'itle</u>	<u>Name</u>	Address	Type of Action
MBR	SUSANNA VARGAS	282 STRELOW FARMS RD	□Add
		MONTICELLO, FL 32344	Kemove
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