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T. MATTHEWS
JUN 17 2022

COVER LETTER

TO:

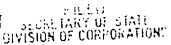
Tallahassee, FL 32314

	Registration Se Division of Cor					
CUD IEC		A SERVICES LLC				
SOBJEC	T:	Name of Lim	ited Liability Company			
The enclo	osed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please re	turn all correspo	ndence concerning this matter	to the following:			
		HERRERA, DENZIL				
			Name of Person			
		DHERRERA SERVICES	LLC			
			Firm/Company			
		9530 NW 10 STREET				
			Address			
		PEMBROKE PINES, FL 3	3024			
			City/State and Zip Code			
INFO@HOUSINGINSPECTOR.US						
			to be used for future annual report not	ification)		
For furth	er information co	oncerning this matter, please co	all:			
HERRE	RA, DENZIL		786 372-2947			
	Name of	f Person	Area Code Daytin	ne Telephone Number		
Enclosed	is a check for th	ne following amount:				
■ \$2 5.0	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
	Mailing Addres		Street Address:			
	Registration S Division of C		Registration Se Division of Co			
	P.O. Box 632	-	The Centre of	-		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



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The Articles of Organization for this Limited Liability Company were filed on $\frac{08-09-2021}{1}$ and assigned Florida document number <u>L21000357859</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: N/A The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." N/A Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) N/A Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: N/A Name of New Registered Agent: N/A New Registered Office Address: Enter Florida street address

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

__, Florida ___

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	CESARINA ESTEVES DE LA RO	9530 NW 10 ST PEMBROKE PINES FL 33024	\exists Add
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Effective date, if other than the fan effective date is listed, the date mus Note: If the date inserted in this blucument's effective date on the Defective date.	st be specific and cannot be prio ock does not meet the applie	cable statutory filing re-	(optional) than 90 days after filing.) Pursua quirements, this date will no	ant to 605.0207 of be listed as t
record specifies a delayed effectiv	e date, but not an effective t	ime, at 12:01 a.m. on the	he earlier of: (b) The 90th	day after the
d is filed.				
APRIL 13	2022	<u> </u>		
Dated APRIL 13. Dated Mary Mary		<u> </u>		
APRIL 13	Signature of a member or auth	orized representative of a	member	

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