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2022 FEB 15 PM 2: 14 SECRETARY OF STATE

A. BUTLER MAR 2 - 2022

COVER LETTER

Div	ision of Cor	porations				
CHDIEZT.	Homes By 0					
SUBJECT:		Name of Limited Liability Company				
The enclosed	l Anicles of	Amendment and fee(s) are sub-	mitted for filing.			
Please return	all correspo	ndence concerning this matter	to the following:			
		Delamarie Conchita Bravel	boy			
		-	Name of Person			
			Firm/Company			
		515 NW 115 Way				
		•	Address			
		Coral Springs, FL 33071				
		info@homesbyconchita.con				
			to be used for future annual report not	ification)		
For further i	nformation c	oncerning this matter, please ca	all;			
Delamarie C	Conchita Brav		215 341-3513 at ()			
	Name o	f Person	Area Code Daytin	ne Telephone Number		
Enclosed is a	ı check for th	ne following amount:				
■ \$25.00 I	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)		
Re	iling Addres	Section	Street Address: Registration Sc			
Dr	vision of C	orporations	Division of Co.	rporations		

P.O. Box 6327 Tallahassee, FL 32314

Registration Section

TO:

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

FILED

Homes By Conchita

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

(A Florida Limited Liability Company)

mt, i torioi i V)	ited Elability Company)	SECRETALL STEELER	
The Articles of Organization for this Limited Liability Comp	any were filed on $\frac{9/5/2021}{}$	and assigned	
Florida document number 1.21000396063			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	liability company here:		
Delamarie Conchita Braveboy, LLC			
The new name must be distinguishable and contain the words "Limited I.	iability Company," the designat	ion "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS	<u> </u>		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
			
B. If amending the registered agent and/or registered off agent and/or the new registered office address here: Name of New Registered Agent:	ice address on our record	s, enter the name of the new registered	
New Registered Office Address:			
The Higgistered of the Hadregy.	Enter Florida str	vet address	
		Florida	
	Ciţy	Zip Code	
New Registered Agent's Signature, if changing Registered Ag	ent:		
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and comp accept the obligations of my position as registered agent being filed to merely reflect a change in the registered of company has been notified in writing of this change.	lete performance of my d as provided for in Chapt	uties, and I am familiar with and er 605, F.S. Or, if this document is	
1f	Changing Registered Agent, <u>Si</u>	gnature 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
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			∐Add
			□Remove
			Change
			□ Add
			□Remove
			_______\Add
			Remove
			□ Change
			□Add
			□Remove
			□ Change

If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
(If an e Note:	tive date, if other than the date of filing:
ne reco	ord 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 filed.
Dated	February 10, 2022
_ 2.00	
	Signature of a member or authorized representative of a member
	Delamarie Conchita Braveboy Typed or printed name of signee