## 422000058166

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SEP - 6 2022 S. PRATHER

## **COVER LETTER**

Division of Cor				
SUBJECT: DIY	Homes Slip Name of Limi	Matcus LL ted Liability Company	<u>C</u>	
The enclosed Articles of	Amendment and fee(s) are subi	nitted for filing.		
Please return all correspo	ndence concerning this matter (	to the following:		
	Edward	Mateus		
		Name of Person		
		Firm/Company		
	1005 Lo	chmont Dr.		
	mateusedo E-mail address (1	FL 33511  City/State and Zip Code  and 776 5 mail obe used for future annual eport north	l. com	
For further information c	oncerning this matter, please ca			
		at (813) 624 Area Code Daytime	-5994	
Name o	f Person	Area Code Daytime	: Telephone Number	
Enclosed is a check for the				
\$25.00 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 (s enclosed)	
Mailing Address Registration 5		Street Address: Registration Sec	ction	
Division of Corporations		Division of Corporations The Centre of Tallahassee		
P.O. Box 6327 Tallahassee, FL 32314			2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF** (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on Florida document number L 220000 58 166 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC," Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 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: Name of New Registered Agent: New Registered Office Address: Enter Florida street address . Florida

## 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
AMBR	Erika Mireado	938 Burlwood St Brandon FL 33511	<u>ib</u> xad
		Brandon FL 33511	□Remove
			□Change
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Effective date, if other than the date of filing:    C   13   W22   (optional)     If an effective date is listed, the date most be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207     Manual of the standard of the specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207     Water   The date inserted in this block does not meet the applicable statutory filing requirements. This date will not be listed as a document's effective date on the Department of State's records.    Part   Part		
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Typed or printed name of signee	Edward Mateus.	. F.S
<u></u>	Typed or printed name of signee	—————————————————————————————————————

Filing Fee: \$25.00