LZZ 000141466

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COVER LETTER

TO: Registration So Division of Co			
SUBJECT:	Mane of Limit	ting UC red Liability Company	<u>. </u>
The enclosed Articles of	Amendment and fee(s) are subr	nitted for filing.	
Please return all corresponder	ondence concerning this matter t	o the following:	
	Gina Graham		
Name of Person Dhome Marketing Firm/Company 15017 N DALE MABRY HIGHWAY #1029 Address Tampa/FL 33618			
	Dhome Marketing		2022
		Firm/Company	
	15017 N DALE MABRY H		
		Address	
	Tampa/FL 33618		(a) 2: L
	Ahome.marketing2022@gma	City/State and Zip Code ill.com info@ Ahor to be used for future annual report notific	ne. Marketinsy
For further information	concerning this matter, please ca	all:	
Gina Graham	-	813 534-3265	
Name	of Person	at ()Area Code Daytime 1	Celephone Number
Enclosed is a check for	the following amount:		
■ \$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 is enclosed)
Mailing Addr		<u>Street Address:</u> Registration Sect	ion
Registration	Compressions	Division of Corn	

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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

DHOME MARKETING LLC (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 ______ and assigned Florida document number L22000141466 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 Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 2021 N Lemans Blvd Unit 2102 Enter new mailing address, if applicable: Tampa, FL 33607 (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

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.

, Florida

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	HARPER, BRYSON D	15017 N DALE MABRY HIGHWAY #1029 TAMPA, FL 33618	
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Tective date, if other than the date of filing:	(optional)	
n effective date is listed, the date must be specific and cannot be prior to date of filing or mo te: If the date inserted in this block does not meet the applicable statutory filing	re than 90 days after filing.) Pursuant	to 605.020 se listed a
cument's effective date on the Department of State's records.		
ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. o	n the earlier of: (b) The 90th day	y after th
is filed.		
7/8/2017.		
$\frac{7/8/2022}{}$		
Signature of emember or anthorized representative	of a member	_ _
Signature of a member of animotized representative		