## 122000266166

(Requestor's Name)
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## **COVER LETTER**

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**Registration Section Division of Corporations** 

Tallahassee, FL 32314

TO:

SUBJECT: D+	t HOME THE	VESTORS LLC		
SOBJECT: APT	† HOME IN: Name of Limi	ited Liability Company		
The enclosed Articles of Ar	mendment and fee(s) are sub-	mitted for filing.		
	lence concerning this matter			
Treate foram an empose	g			
	HUONG	THI PHAM Name of Person		
		Name of Person		
	DH Home	THUESTORD LLC	<u>-                                      </u>	
		r irni/Company		
	1828 REGA	MIST LOOP		
		Address		
	TRINITY	Flori On 34655 City/State and Zip Code		
	E-mail address: (1	HOTMAIC, COM to be used for future annual report noti	fication)	
For further information con	cerning this matter, please ca	ıl::		
HUONG THI	OHAM	at ( 450 ) 228.	7023	
HUONG THI PHAM at ( Y50 ) 228 752  Name of Person Area Code Daytime Teleph		e Telephone Number		
Enclosed is a check for the	following amount:			
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Fiting Fee & Certified Copy radditional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Address:		Street Address:	ction	
Registration Section Division of Corporations		_	Registration Section Division of Corporations	
P.O. Box 6327		The Centre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

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DH HOME THU	2.27	JUN 17
714	RSTORS LLC	- K
( <u>Name of the Limited Liability Compa</u> (A Florida Limited	ny as it now appears on our records.)	
(2) Florida Diffico I	nature Company)	一 三
The Articles of Organization for this Limited Liability Company	were filed on JUNE 10, 2022	17 AH 700
		- 58 6
Florida document number L22000266186.		<b>&gt;</b>
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
· · · · · · · · · · · · · · · · · · ·		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:		
rinter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
<del></del> - <del>-</del>		
Enter new mailing address, if applicable:		
Markan and an MAY DE A BOST OFFICE BOY		
(Mailing address MAY BE A POST OFFICE BOX)	-	
rs 10 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		C + L
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:		
Name of New Registered Agent.		
New Registered Office Address:		
	Enter Florida street address	
	<b>7.</b>	
	, Florida	Zip Code
	City	гар Сош
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.

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
MGRM	THAO NGUYEN	1828 REGAL MIST LOOP TRINITY FLORIDA 34655	\Add
			□Change
			□Add
			🗆 Remove
			□Change
			□ Add
		<del></del>	□Remove
			□Change
			□Remov <del>s</del>
			□Change
			□Add
			□Remove
			□Remove
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