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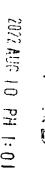
(Re	equestor's Name)	-
(Ad	dress)	
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PICK-UP	☐ WAIT	MAIL
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(Do	ocument Number)	
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COVER LETTER

TO;

	istration Se- ision of Cor			
	Doyle Fema	andez Home Group, LLC	•	•
SUBJECT:	·	Name of Limi	ited Liability Company	- Allen 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:	
		Erin Fernandez		
			Name of Person	
		Keller Williams Realty Bro	evard	
			Firm/Company	
		6905 N Wickham Road, St	Name of Limited Liability Company fee(s) are submitted for filing. Ing this matter to the following: Part	
			Address	
		Melbourne, FL 32940		
			City/State and Zip Code	
		ErinEstates@gmail.com		
				ification)
For further i	nformation c	oncerning this matter, please ca	all:	
Erin Fernan	dez			
	Name o	f Person		ne Telephone Number
Enclosed is	a check for th	ne following amount:		
□ \$25.00 ·	Filing Fee	■ \$30,00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy
	iling Addres			ection
	~	orporations	-	
₽.0	D. Box 632	.7		
Ta	llahassee, l	FL 32314	2415 N. Monre	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Doyle Fernandez Home Group, LLC	2022
(Name of the Limited Liability (A Florida Li	Company as it now appears on our records.) imited Liability Company)
The Articles of Organization for this Limited Liability Con Florida document number <u>L22000295922</u>	
This amendment is submitted to amend the following:	. 0
A. If amending name, enter the new name of the limite	d liability company here:
Erin Marie Fernandez, LLC	
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRE	(SS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
Maning address MAT DE AT OST OFFICE DOXY	
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	office address on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	City Zip Code

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 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
		.	☐ Change
			□ Remove
			
			□Add
			□Remove
			□Change

	Doing business as name to be chaned to:		
	Doyle Fernandez Home Group		
			_
			_
		 	
		2022 AUG	
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			ار مر المرابع
			<u>,</u> —
			-
			
			
			_
E. Effe	ctive date, if other than the date of filing:	(optional)	
(If an e	effective date is listed, the date must be specific and cannot be prior to e: If the date inserted in this block does not meet the applicab		
docu	ment's effective date on the Department of State's records.		
		N Colo TI Ood I	6 4
record is	ord specifies a delayed effective date, but not an effective tim filed.	e, at 12:01 a.m. on the earner of: (b) The 90th day	aner me
	August 03 2022		
Date	ed August 05	- ·	