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COVER LETTER

TO:

Tallahassee, FL 32314

TO: Registration Se Division of Cor					
	VING LLC				
SUBJECT:	Name of Lim	ited Liability Company	·		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	endence concerning this matter	to the following:			
	NEMER MARVAL, NIAL	-			
		Name of Person		_	
	NEMER LIVING LLC				
		Firm/Company		_	
	6319 NW 105TH CT				
		Address		_	
	MIAMI, FL 33178				
		City/State and Zip Code		_	
	nemer1990@gmail.com				
	E-mail address: (to be used for future annual rep	ort notification)		
For further information c	oncerning this matter, please ea	all:		VHV VHV 1 H	
NIAL NEMER MARVA	L	754 265-4	721	HASSET F	;
Name o	f Person		Daytime Telephone Number	J 18 PH 1:30	ξ
Enclosed is a check for th	ne following amount:				
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	ed) Certifie	ate of Status &	
Mailing Addres Registration S		Street Addr Pagietzatia			
Division of C		-	on Section of Corporations		
P.O. Box 632			e of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NEMER LIVING LLC		
(<u>Name of the Limited Liability Con</u> (A Florida Limit	npany as it now appears on our rec ed Liability Company)	cords.)
The Articles of Organization for this Limited Liability Compa	any were filed on $\frac{08/11/2022}{}$	and assigned
Florida document number 1.22000354593		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	iability company here:	
DCA HOME BUYERS LLC		
The new name must be distinguishable and contain the words "Limited Li	ability Company," the designation "I	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
		8
(Principal office address MUST BE A STREET ADDRESS)		
		>
		黄裳 🙃
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		- '
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	ce address on our records, <u>en</u>	ter the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street ad	dress
_	,	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
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			Change
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record specifies a delayed effective is filed.	date, but no	ot an effect	ive time,	at 12:01 a	i.m. on the	earlier of:	(b) The 9	0th day	after the
February 5	1/	2024		.//	•				
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Filing Fee: \$25.00