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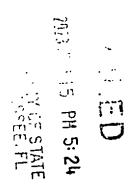
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R. HUNT 06/15/23

## **COVER LETTER**

TO:

TO: Registration So Division of Cor				
SUBJECT:	Davs Doing	Homes LLC		
	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Matthe	W La Torre Name of Person		
		Point Home UC Pirm/Company		
			ESHASSEE, FL	, ·
	Jh	Address  Piter FL 334	SS ESTA	5
		City/State and Zip Code よくのなMq:\. しか to be used for future annual report notif	lication)	
For further information c	concerning this matter, please c	all:		
Mallhew Name o	La Torre	at (895) S46	4 - 0994 c Telephone Number	
Enclosed is a check for the	he 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 Address Registration S		Street Address: Registration Sec	etion	
Division of C	Corporations	Division of Corp	porations	
P.O. Box 632 Tallahassee, 1		The Centre of T	allahassee e Street, Suite 810	
		= 115 11. ITIOITIO		

Tallahassee. FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Dads Doing Homes	UC.	
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our record liability Company)	<u>ls.</u> )
The Articles of Organization for this Limited Liability Company Florida document number	were filed on	-ZOLL and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabile.  ATORRE COMPA  The new name must be distinguishable and contain the words "Limited Liabile".	NY LIMIT	ED LLC " or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	N/A	73
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		PH 5: 24
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>enter</u>	the name of the new register
Name of New Registered Agent:  New Registered Office Address:	Enter Florida street addres	s
	, Flo	orida
	•	

## 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 th 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
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Effective date	is listed, the date r	must be specific a	and cannot be prior	to date of filing or me	re than 90 days aft	t <b>ional)</b> er filing.) Pur de date will	rsuant to 605.0207
f an effective date	. macrica in this	: Department o	f State's records	anc statutory ming	requirements, ii	ns date win	not be fisted as t
f an effective date <b>Note:</b> If the date	ctive date on the						
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Filing Fee: \$25.00