Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:				
	Division of Co	rporations		
	Fax Number	: (850)617-6383		TĂĹ.
From:				TALLAHAS
	Account Name	: ANDERSON BUSINESS A	DVISORS	<u>ま</u>
	Account Number	: 120230000109		<i>5</i> 62. ₽
	Phone	: (800)706-4741		in:
	Fax Number	: (702)664-0545		m _c
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 1609 NORTH 14TH, LLC

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Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

TO: Registration S Division of Co			
	th 14th, LLC		
SUBJECT:	Name of Lin	nted Liability Company	.
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for tiling.	
	ondence concerning this matter		
	Marielle Palivino		
		Name of Person	
	Anderson Business Adviso	urs	
		Firm/Company	
	3225 McLeod Drive, Suite	2 100	
		Address	
	Las Vegas, NV 89121		
	State of the state	City/State and Zip Code	
	ra@andersonadvisors.com		
For further information	E-mail address: (concerning this matter, please c	to be used for future annual report no all:	diffication)
Marielle Palivino		800 706-4741 at ()	
Name	of Person	Area Code Dayti	me Telephone Number
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee	S30,00 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		Street Address:	
Registration	Section Corporations	Registration S Division of Co	
P.O. Box 63	-	The Centre of	
Tallahassee,	FL 32314	2415 N. Monr	oe Street, Suite 810

Tallahassee, FL 32303

From: Marielle Palivino

Fax; +14356319561

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Fax: +18506176383

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

1609 North 14th, 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 $\frac{10/26/2022}{10/26/2022}$ ____ and assigned Florida document number <u>L22000461577</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Dimension Homes, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (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 City

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:

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<u>Title</u>	uthorized Member <u>Name</u>	Address	Type of Action
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Fax: +14356319561

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effective date is listed, the date m	ist be specific and cannot be prior to date of filing of	or more than 90 days after filing.) Pursuant to 605.020 filing requirements, this date will not be listed as
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cord specifies a delayed effect s filed.	ve date, but not an effective time, at 12:01 a.	.m. on the earlier of: (b) The 90th day after the
ed May 21	2025	
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	Signature of a member or authorized representa	rtive of a member