## L23000025454

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(6.1), 2.111.2, 3.111.111
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





100431897441

06/21/24--01003--002 \*+25.00



## **COVER LETTER**

\* \*

SUBJECT:		ited Liability Company			
Division of Corporations  DTA Homes LLC    DTA Homes LLC					
Please return all corresp	condence concerning this matter	to the following:			
	Eric Corcoran				
	-	Name of Person	<del></del>		
	Mason Property Solutions	LLC			
		Firm/Company			
	1204 NW 69th Terrace, St	uite F			
		Address			
	Gainesville, FL 32605				
		City/State and Zip Code			
·	-				
	E-mail address: (	to be used for future annual report not	ification)		
For further information	concerning this matter, please c	all:			
Eric Corcoran					
Name	of Person		re Telephone Number		
Enclosed is a check for	the following amount:				
■ \$25.00 Filing Fee		Certified Copy	Certificate of Status &		
			ation		
Registration Section Division of Corporations		Registration Se Division of Cor			
P.O. Box 6327			The Centre of Tallahassee		
Tallahassee,	FL 32314	2415 N: Monro	e Street, Suite 810		

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DTA Homes LLC			
( <u>Name of the Limi</u>	ted Liability Compan (A Florida Limited Li	iy as it now appears iability Company)	on our records.)
he Articles of Organization for this Limited L lorida document number <u>L23000025854</u>	iability Company v	were filed on Janu	and assigned and assigned
his amendment is submitted to amend the foll	lowing:		
a. If amending name, enter the new name o	of the limited liabil	lity company her	e:
<u> </u>			<del>-</del>
ne new name must be distinguishable and contain the v	words "Limited Liabili	ty Company," the de-	signation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applic	cable:	c/o Mason Prope	rty Solutions
Principal office address MUST BE A STREE		1204 NW 69th Terrace, Suite F	
		Gainesville, FL 32605	
Enter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BOX)		c/o Mason Prope	rty Solutions
		1204 NW 69th Terraces, Suite F	
	<del></del>	Gainesville, FL 32605	
. If amending the registered agent and/or agent and/or the new registered office addressed and the Name of New Registered Agent:	Eric Corcoran		cords, <u>enter the name of the new regist</u>
New Registered Office Address:	1204 NW 69th Terrace, Suite F  Enter Florida street address		
	Gainesville, FL		Florida 32605
		Chy	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 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>	<u>Address</u>	Type of Action
AMBR	Eric Corcoran	c/o Mason Property Solutions	≣Add
		1204 NW 69th Terrace, Suite F	□Remove
		Gainesville, FL 32605	□Change
AMBR	Allyson Corcoran	c/o Mason Property Solutions	□Add
		1204 NW 69th Terrace, Suite F	
		Gainesville, FL 32605	
AMBR	Riley Corcoran	c/o Mason Property Solutions	
		1204 NW 69th Terrace, Suite F	□Remove
		Gainesville, FL 32605	☐Change
<del></del>			□Add
			□Remove
			☐Change
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			□Remove
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ffective date, if other than the date of filing:	
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$ h \circ f \circ $	
Signature of a member or authorized representative of a member	
Signafur of a member or authorized representative of a member	

Filing Fee: \$25.00