L23 000 064 389

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





000404398610



COVER LETTER

	rporations R DEZIN HOME, LLC			
SUBJECT:	Name of Limit	ted Liability Company		
	Amendment and fee(s) are submondence concerning this matter t	-		
	ELIZABETH SCHREIER			
		Name of Person		-
	SCHREIER DEZIN HOME	E. LLC		
	,	Firm/Company		
	26 10TH ST S			2013
		Address		
	NAPLES FL 34102			
	SCHREIERLIZ0505@GMA	City/State and Zip Code		20/3 his 17 AH 11:57
	E-mail address: (to	o be used for future annual report notif	ication)	-11: U
For further information of	oncerning this matter, please ca	II:		Fit
ELIZABETH SCHREIF	ER	651 246-2940 at ()		
Name (f Person	Area Code Daytime	Telephone Number	.
Enclosed is a check for t	he following amount:			
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	■ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SCHREIER DEZIN HOME, LLC	
(Name of the Limited Liability Company as it now (A Florida Limited Liability Co	s appears on our records.) mpany)
The Articles of Organization for this Limited Liability Company were filed	
Florida document number 1.23000064389	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability comp	<u>oanv here</u> :
The new name must be distinguishable and contain the words "Limited Liability Compan	ry," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
	世 素 .
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 of	
agent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	
E	inter Florida street address
	, Florida
City New Registered Agent's Signature, if changing Registered Agent:	Zip Code

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
MGR	MATTHEW SCHREIER	5934 PREMIER WAY UNIT 2431	■Add
		NAPLES, FL 34109	□Remove
			□Change
			□Add
			□Remove
			□Change
 -			— COAdd
•			☐Remove
			□ Pepange
			□Add
			□Remove
			□Change
			□Add
			
			□Remove

		<u> </u>	B BB (14)				
		<u> </u>	-	<u> </u>			
							
				.		<u> </u>	
						<u>.</u>	
	.=						-
			 				
-				- ·	•		
						-1 (-1 (2026
							202b HAR
							17
		•				- · ,	AH III
			 -		• •		— ==
Effective date, if other than the	late of filing.	APRIL 1, 20	923		(option	al) Ti	57
f an effective date is listed, the date must Note: If the date inserted in this blo document's effective date on the De	be specific and car ck does not mee	t the applica					
e record specifies a delayed effective rd is filed.	date, but not an	effective tir	ne, at 12:01	a.m. on the ea	rlier of: (b)	The 90th c	lay after t
Dated MARCH 14		2023	_				

Filing Fee: \$25.00

Typed or printed name of signee