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(Re	questor's Name)		
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PICK-UP	☐ WAIT	MAIL	
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(Do	cument Number)	<u> </u>	
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Certified Copies	Certificates	e of Status	
Special Instructions to	Filing Officer:		
	J. HORNE		
	JAN 19	1 2024	
	JAN 13	7 2027	

Office Use Only



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12/27/23--01012--016 \*\*30.00



This cover letter is to provide the information of my daytime phone number and return address.

My daytime phone number is 239-478-2696 and my return address is 803 Brian Ave N, Lehigh Acres. FL 33971

Sincerely

Daneisha Duhaney

TO: Registration Section **Division of Corporations** DUHANEY HOMES LLC. SUBJECT: \_ Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Dancisha Duhaney Name of Person Firm/Company 803 Brian Ave N Address Lehigh Acres, FL 33971 City/State and Zip Code duhaney.daneisha@gmail.com E-mail address: (to be used for future annual report notification)

Enclosed is a check for the following amount:

Name of Person

For further information concerning this matter, please call:

☐ \$25.00 Filing Fee

Daneisha Duhaney

■ \$30.00 Filing Fee & Certificate of Status

☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)

239

☐ \$60.00 Filing Fee.
Certificate of Status &
Certified Copy
(additional copy is enclosed)

#### **Mailing Address:**

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

#### Street Address:

478-6296

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

Daytime Telephone Number

## ARTICLES OF ORGANIZATION OF

DUHANEY HOMES LLC		/ \( \current{\
( <u>Name of the Limited Liability</u> (A Florida	Company as it now appears on ou limited Liability Company)	r records.)
The Articles of Organization for this Limited Liability Co Florida document number		<i>(</i> 2)
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
DANEISHA DUHANEY L.L.C		
The new name must be distinguishable and contain the words "Limit	ed Liability Company," the designati	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRI	<u></u>	······································
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records	, enter the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida stree	et address
		Cloude
	City	Florida 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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□Remove
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Effective date, if other than the date in effective date is listed, the date must Note: If the date inserted in this blockdocument's effective date on the Department.	be specific and cannot be prior to does not meet the application.			
e record specifies a delayed The 90th day after the reco		t an effective time,	at 12:01 a.m. on the ear	lier of:
December 21.	2023			
Dated	·			
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	ignature of a member or autho	rized representative of a m	ember	