## 123000047745

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## **COVER LETTER**

TO:

Registration Section

Divisior	n of Corp	porations			
DA	NDELIC	HIT HOUSING LLC		-	
SUBJECT:		Name of Lim	ited Liability Company		
		Amendment and fee(s) are sub	•		
Please return all o	correspoi	ndence concerning this matter	to the following:		
		LAURYN CHARLES			
Name of Person				-	
		ACCOUNTABLE FINAN	CIAL SERVICES GROUP, INC.		
			Firm/Company	•	
		461 EAST HILLSBORO I	BLVD SUITE 200		
			Address	-	
		DEERFIELD BEACH, FL	. 33441		
		ANNUALREPORTS@AFS	City/State and Zip Code		• - 3 - 3
		_	to be used for future annual report notification)		 
For further inforr	mation co	oncerning this matter, please ca	all:		
LAURYN CHAI	RLES		954 933-1558		
	Name of	Person	Area Code Daytime Telephone Numbe	r ; - ; - ; - ; - ; - ; - ; - ; - ; - ;	3: 56
Enclosed is a che	ck for th	e following amount:			
■ \$25.00 Filing	g Fee	☐ \$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certified	ite of Status	
Registr Divisio P.O. B	ox 632	ection orporations	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 8 Tallahassee, F1, 32303	310	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DANDELIGHT HOUSING LLC		
( <u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our recordinited Liability Company)	<u>ds.</u> )
The Articles of Organization for this Limited Liability Cor Florida document number $\frac{1.23000097745}{1.23000097745}$	mpany were filed on <u>02/23/2023</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	<u> </u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		. 63
B. If amending the registered agent and/or registered o	office address on our records and	- <del>(3)</del>
agent and/or the new registered office address here:	Ance address on our records, enter	the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres	\$
	Flo	orida
N. B. C. A. C. C. C.	Cuy	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

DAMES ICHER HOLDONIA LA CO

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 adde or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	<u>Address</u>	Type of Action
MGRM	JULIA KOCHAJEWSKA	H03 NW 6TH AVE	
		DELRAY BEACH, FL 33444	■Remove
			□Change
MGRM	FABIAN KNOFLACH	1103 NW 6TH AVE	■Add
		DELRAY BEACH, FL 33444	□Remove
			□Change
			DAdd
			El Change
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n effective date is listed, the date	must be specific a	and cannot be prio	r to date of filing or	more than 90 days :	after filing.) Pursuant to 605,02
ote: If the date inserted in this cument's effective date on the	s block does not	t meet the appin	cable statutory fil	ing requirements.	this date will not be listed
	- irej williament in	. oute a records	•		
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ecord specifies a delayed effectis filed.	zove nate, but h	or an effective t	ime, at 12:01 a.n	i, on the earlier of	i: (b) The 90th day after th
MAY 6		2023			= = = = = = = = = = = = = = = = = = = =
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	Signature of	a member of anth	orized representati	ve of a member	
		1 1.14			
FABIAN KNOFLAG		1 VIII			- (5