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## **COVER LETTER**

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то:		ation Section of Corporations	
CUBIE		D DREAM HOME DESIGN LLC	
SUBJE	LI:	Name of Limited Liability Company	
The encl	losed Ar	icles of Amendment and fee(s) are submitted for filing.	
Please re	etum all	correspondence concerning this matter to the following:	
		EMMANUEL HARTMANN-MAGNABOSCO	
		Name of Person	
		DHD DREAM HOME DESIGN LLC	
		Firm/Company	
		2880 TELLURIDE LOOP APT 201	
		Address	
		SARASOTA, FL 34243	
		City/State and Zip Code	
		EMMANUELNOOELL@ME.COM  E-mail address: (to be used for future annual report notification)	
For furth	ner infor	nation concerning this matter, please call:	
ЕММА	NUEL F	ARTMANN-MAGNABOSCO 203 482-4439	
		Name of Person Area Code Daytime Telephone Number	
Enclosed	d is a ch	ck for the following amount:	
■ \$25.	.00 Filin	Sectificate of Status  Certificate of Status  Certificate of Status  Certified Copy (additional copy is enclosed)  Certified Cop (additional copy is enclosed)  Certified Cop (additional copy is enclosed)	f Status &
	Regist Divisi P.O. E	Address: ation Section Registration Section Division of Corporations Division of Tallahassee assee, 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

MAGNABOSCO CONSTRUCTION LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.)	
(A Florida Limited I	Liability Company)	2024 AUG 30 AM 10
The Articles of Organization for this Limited Liability Company	were filed on <u>06/29/2023</u>	and assigned Any OF S
Florida document number L23000311412		- 2 12 5
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
DHD DREAM HOME DESIGN LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:	2880 TELLURIDE LOOP APT 201	
(Principal office address MUST BE A STREET ADDRESS)	SARASOTA, FL 34243	
Enter new mailing address, if applicable:	2880 TELLURIDE LOOP APT 201	
(Mailing address MAY BE A POST OFFICE BOX)	SARASOTA, FL 34243	<del></del> -
		of the new registered
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name	or the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	_, Florida	
	City	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>	Name	Address	Type of Action
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Effective date, if other than th	ust be specific and cannot be price of the application of the capplication of the capp	or to date of filing or more than icable statutory filing requir	(optional) 90 days after filing.) Pursuant to 605.02 ements, this date will not be listed
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Note: If the date inserted in this be document's effective date on the let record specifies a delayed effection is filed.  AUGUST 19	ve date, but not an effective	time, at 12:01 a.m. on the e	