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(((H24000115490 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : SMART ACCOUNTING CORP

Account Number : I2014000063 Phone

Fax Number

: (786)536-7882 (786)703~7962

#IEnter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

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DADE HOME BUILDERS LLC

Electronic Filing Menu

Corporate Filing Menu

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T. LEMIEUX

COVER LETTER

TO: Registration Section Division of Corporations H240001154903

SUBJECT:	DADE HO	ME BUILDERS LLC	
	Name of Li	mited Liability Company	
The enclosed Articles of	Amendment and fee(s) are su	bmitted for filing.	
Please return all correspo	ondence concerning this matte	r to the following:	
		CENICA ROMERO	
		Name of Person	· · · · · · · · · · · · · · · · · · ·
	Ε.	DADE HOME BUILDERS FLORID	A LLC
		Firm/Company	
		12122 SW 117 CT	
		Address	
		MIAMI FL 33186	
		City/State and Zip Code	
		AXSMART@GMAIL.COM	
For further information ed	oncorning this matter, please o	to be used for future annual report notif	ication)
CENICA R		786 971-7003	
Name of	Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for the	e following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Fiting Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address	≟ ,	Street Address:	

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

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

1+240001154903

DA	DE HOME BUII	LDERS LLC			
(<u>Name of the Limited</u> (A	Liability Compar Florida Limited L	ny as it now appears ability Company)	оп our recards.)		
The Articles of Organization for this Limited Liab	oility Company	were filed on	01/04/24		and assigned
Florida document number L24000012901					•
This amendment is submitted to amend the follow	ring:				
A. If amending name, enter the new name of th	he limited liabi	lity company her	<u>'e</u> :		
DADE HO	ME BUILDERS	FLORIDA LLC			
The new name must be distinguishable and contain the word	ls "Limited Liabili	ty Company," the de-	signation "LLC" or th	ne abbrevi	ation "L.L.C."
Enter new principal offices address, if applicab.	le:	N/A			
(Principal office address MUST BE A STREET)	ADDRESS)				<u> </u>
Enter new mailing address, if applicable					
- · · · · · · · · · · · · · · · · · · ·					
(Mailing address MAY BE A POST OFFICE BO B. If amending the registered agent and/or regi	<u>X)</u> stered office ac	idress on our rec	ords, <u>enter the n</u>	-]T. ₽>•
(Mailing address MAY BE A POST OFFICE BO B. If amending the registered agent and/or regi	<u>X)</u> stered office ac	idress on our rec	ords, <u>enter the n</u>		JT
(Mailing address MAY BE A POST OFFICE BO B. If amending the registered agent and/or regingent and/or the new registered office address h	OX) stered office ac icre:				# A T T T T T T T T T T T T T T T T T T
	OX) stered office ac icre:		ords, <u>enter the n</u> a sireet address		H42 28 AH

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.

03-28-14:09:234M;3M457-74) : 7863825691 = 47-5 or removed from our records:

MGR = Manager AMBR = Authorized Member

H240001154903

Title	<u>Name</u>	Address	Type of Action
			□Remove
			□Add
			□Remove
			□Change
			□Add
			□Romove
			□Add
			□Remove
			□Change
			□Add
	·	<u></u>	□Remove
			□Change
			⊡Add
			Remove
			□ Change

D. If amending any other info	H 2400011546 rmation, enter change(s) here: (Attach additional sheets, if necessary.)	
		 -
		
		
		
<u></u>		
		19-1-

		-
	03/27/2024	
Effective dute, if other than t	he date of filing: (optional) nust be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursu	art to 605 0207 (1
Note: If the date inserted in this	block does not meet the applicable statutory filing requirements, this date will no	ot be listed as th
document's effective date on the	Department of State's records.	
the record specifies a delayed effec	tive date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th	day after the
ord is filed.		day arter the
MARCH 27	2024	
Dated	<u> </u>	
	(enue) 1)_	
	Signature of a member or authorized representative of a member	
	CENICA ROMERO	
*****	Typed or printed name of signee	

Filing Fee: \$25.00