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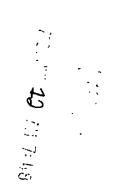
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COVER LETTER

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TO:

Registration Section

Division of Corp	porations		
р&т номі	ERENTAL, LLC		
SUBJECT:	Name of Lim	ited Liability Company	<u>. </u>
the enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
lease return all correspor	idence concerning this matter	to the following:	
	TATIANA E MORALES	Δ	
		Name of Person	
	6960 NW DENARGO ST	Firm Company	
		Address	
	PORT ST LUCIE. FL 349	83	
		City/State and Zip Code	
	dmorales0604@icloud.com	to be used for future annual report n	atification)
or further information ed	oncerning this matter, please c	•	··················
TATIANA E MORALES		561 929-0248 at ()	
Name of	Person	Area Code Dayt	ime Telephone Number
Enclosed is a check for th	e following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address		Street Address:	
Registration S Division of Co		Registration S Division of C	
P.O. Box 632		The Centre of	
Tallahassee, F			roe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

D&T HOME RENTAL, LLC

(<u>Name of the Limited Liability Company as it</u> (A Florida Limited Liability	now appears on our records.) Company)
The Articles of Organization for this Limited Liability Company were f	iled on 01/16/2024 and assigned
Florida document number <u>L24000030935</u>	
This amendment is submitted to amend the following:	,
A. If amending name, enter the new name of the limited liability co	mpany here:
NONE	_
The new name must be distinguishable and contain the words "Limited Liability Com	pany," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	·:
(Principal office address MUST BE A STREET ADDRESS)	1
	9
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office addres agent and/or the new registered office address here:	s on our records, <u>enter the name of the new regis</u>
Name of New Registered Agent:	
New Registered Office Address:	
	Emer Florida street address
	y Zip Code
Ci	

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
MGR	ODLANIER MORALES	6960 NW DENARGO ST	≡ Add
		PORT ST LUCIE, FL 34983	□Remove
			□Change
			□Add
			□Remove
			□Change
			□Remove
			□Change
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Offective date i	father than the de	ite of filing:			(ontion	. Ale	
Note: If the date	fother than the data listed, the date must be inserted in this block ive date on the Depa	cdoes not meet	the applicable	te of filing or more statutory filing re	than 90 days after fi quirements, this c	ling.) Pursuant to 605.0 late will not be lister	0207 d as
document series	we date on the riepa	Timent of State	s records.				
	a delayed effective d	ate, but not an e	effective time,	nt 12:01 a.m. on t	he earlier of: (b)	The 90th day after	the
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od is filed. Dated JUNE 24		- Inid		_			
	- Sign	Luist	ber or authorized	representative of a	ı member		

Filing Fee: \$25.00