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06/21/24

COVER LETTER

TO:

TO: Registration So Division of Cor				
Octane Ho	mes LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Morgan Tracy			
		Name of Person		-
	Corporate Direct, Inc.			
		Firm/Company		_
	2248 Meridian Blvd., Ste l	Н		
		Address		-
	Minden, NV 89423			773 773 20
	nter (A)	City/State and Zip Code		「 <u>に</u> そって」。 「3551」
	mtracy@corporatedirect.co E-mail address: (in to be used for future annual report notific	cation)	SVE ANA CA
For further information c	concerning this matter, please c	all:	•	ZI, PM I: 43 VKY OF STATE HASSEE, FL
Morgan Tracy		775 284-7166		: 43 FL
Name o	f Person		Telephone Number	r
Enclosed is a check for t	he following amount:			
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ite of Status &
Mailing Address Registration 3 Division of C P.O. Box 632 Tallahassee.	Section Corporations 27	Street Address: Registration Sect Division of Corp The Centre of Ta 2415 N. Monroe Tallahassee, FL.	orations Hahassee Street, Suite 8	310

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Octane Homes LLC		
(<u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appears on our rited Liability Company)	ecords.)
he Articles of Organization for this Limited Liability Comp	pany were filed on 5/10/2024	and assigned
lorida document number L24000219705		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited	liability company here:	
Detane Home Solutions LLC		
he new name must be distinguishable and contain the words "Limited I	Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
Inter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS	<u> </u>	•.4
		50±.
nter new mailing address, if applicable:		美色 學
• • • • • • • • • • • • • • • • • • • •	-	00 P
Mailing address MAY BE A POST OFFICE BOX)		ms - ms
		-
3. If amending the registered agent and/or registered off gent and/or the new registered office address here:	ice address on our records, <u>e</u>	1**
Name of New Registered Agent:		
New Registered Office Address:	P 191 - 11	
	Enter Florida street a	adress
		_, 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 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>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change
			□Add
			72 ☐ Remove
			AHASSEE, FILE
			r≅ 5 □Remove
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		71:t			_ = _	
						
ctive date, if other than the da	te of filing:			(optional)		
effective date is listed, the date must be	specific and cannot be pri-		or more than 90 day	s after filing.)		
If the date inserted in this block iment's effective date on the Depart			ning requiremen	is, inis date v	viii not	be usted
ord specifies a delayed effective da filed.	ite, but not an effective	time, at 12:01 a	.m. on the earlier	of: (b) The	90th da	ay after th
June 18 	. 2024	·				
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