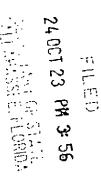
## L24000389745

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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## **COVER LETTER**

TO: Registration Section

Tallahassee, FL 32314

Div	ision of Cor	porations		
	HOMES B	Y DII, LLC		
SUBJECT:		Name of Lim	ited Liability Company	<del></del>
The enclosed	I Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	indence concerning this matter	to the following:	
			Donald Shelton	
	Name of Person			
Precise Legal, LLC				
	Firm/Company			
	7350 SW 89th Street Suite CU03			
	Address			
			Miami, FL 33156	
			City/State and Zip Code	
			gdietsch@gmail.com	
			to be used for future annual report not	inication)
For further in	ntormation c	oncerning this matter, please co	ill:	
Donald Shel	lton		305 803-2073 at ( )	
	Name o	l'Person	Area Code Daytir	ne Telephone Number
Enclosed is a	check for th	ne following amount:		
■ \$25.00 F	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)
	iling Addres gistration S		<u>Street Address:</u> Registration Sc	ection
-	_	orporations	Division of Co	
P.C	). Box 632	7	The Centre of	Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HOMES BY DELLIC

( <u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appear i Limited Liability Company)	s on our records.)	
The Articles of Organization for this Limited Liability C Florida document number <u>L24000389745</u>	Company were filed on	09/06/2024	and assigned
This amendment is submitted to amend the following:			
A. If amending name, <u>enter the new name of the lim</u>	ited liability company he	<u>re</u> :	
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the de	esignation "LLC" or the	ibbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u></u>	000
(Principal office address MUST BE A STREET ADDR	RESS)		23 F
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			7. S.
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our re	cords, <u>enter the na</u>	me of the new regi
Name of New Registered Agent:		<del></del>	
New Registered Office Address:	Enter Flori	da street address	
	4./nc/ 1 to/1		
	City	, Florida _	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>	<u>Address</u>	Type of Action
MGRM	D&H National Holdings	8485 Bird Road #307	□ Add
		Miamí, FL 33155	<b>≘</b> Remove
MGRM	Gabriel Dietsch	9164 SW 70th Terrace	■Add
		Miami, FL 33173	□Remove
			□ Change
AMBR	Magda Hernandez	1600 S. Lejune Road Apt I	<b>≘</b> Add
		Coral Gables, FL 33134	□Remove
			□Change
			□ Add
			□Remove
			□Change
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fecti	ve date, if other than the date of filing:
<u>ote:</u>	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed
cume	ent's effective date on the Department of State's records.
ecord is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
IS THE	cu.
	1 1
ned _	10/21 2024
	Signature of a member or authorized representative of a member
	$\cup$

Filing Fee: \$25.00