# LD9000014380

(Re	equestor's Name)	<del></del>
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**S MASON** 

# **COVER LETTER**

TO:	Registration Division of C	n Section (Corporations)
cup in		ouse, LLC
SUBJE	.C1:	Name of Limited Liability Company
The end	closed Articles	s of Amendment and fee(s) are submitted for filing.
Please r	return all corre	espondence concerning this matter to the following:
		Mabel Rusch
		Name of Person
		Mein-house, LLC
		Firm/Company
		2624 SW 4th. Ave.
		Address
		Cape Coral, FL33914
		City/State and Zip Code
		info@mein-house.eu
		E-mail address: (to be used for future annual report notification)
For furt	her information	on concerning this matter, please call:
Mabel		239 810-7941 at ()
	Nan	ne of Person Area Code Daytime Telephone Number
Enclose	ed is a check fo	or the following amount:
□ \$25	.00 Filing Fee	■ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

**MAILING ADDRESS:** 

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

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Mein-house, LLC				20
(Name of the Limi	ted Liability Compa (A Florida Limited I	ny as it now appears on our rec Liability Company)	27 69	
The Articles of Organization for this Limited L	iability Company	were filed on $\frac{08/03/2009}{}$	<u> </u>	and assigned
Florida document number L09000074380			T C	> =
This amendment is submitted to amend the fol	· ·		OF STATE FF, FLORIDA	<b>O</b>
A. If amending name, enter the new name of	f the limited liab	ility company here:	au -	·
The new name must be distinguishable and contain the	words "Limited Liabi"	lity Company," the designation "I	LC" or the ab	obreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		2624 SW 4th. Ave.		
		Cape Coral, FL33914		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		2624 SW 4th. Ave.  Cape Coral, FL33914		
B. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent:  New Registered Office Address:		<b>e:</b> ch		the name of the ne
	Cape Coral			8014
	- Cape Corar	Citv ,	Florida 33	Zip Code
		,		-r

## 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.

f 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>	<u>Name</u>	Address	Type of Action
AMBR	Werner Knaus	2624 SW 4th. Ave.	<b>≡</b> Add
		Cape Coral, FL33914	□ Remove
		•	Change
AMBR	Uwe Rusch	2624 SW 4th. Ave.	□ Add
		Cape Coral, FL33914	■ Remove
			Change
AMBR	John Alvarado	929 SE 47 Terr.	<b>≣</b> Add
		Cape Coral, FL33904	□ Remove
			□ Change
	,		□ Add
		· · · · · · · · · · · · · · · · · · ·	□ Remove
			□ Change
			□ Add
	•		Remove  Ghange  SSEY  Add
			STATE Remove
			Change

<del></del>		pertaining to the management of any law	141
business as well as to engage i	in and to do any lawful act conce	rning any and all lawful business for	
which a LLC may be organize	d under the law of the State of Fl	lorida, USA. The specific purposes but n	not
limited to, for which the Mein	-house, LLC will provide are Pro	operty Managements, Hosptiality Service	es,
Gastronomy Services, Manage	ement Services.		
		,	
		· · · · · · · · · · · · · · · · · · ·	
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ective date, if other than the		(optional)	
	ck does not meet the applicable s	e of filing or more than 90 days after filing.) P statutory filing requirements, this date wi	
record specifies a delayed he 90th day after the reco		effective time, at 12:01 a.m. or	n the earlie
January 1	2016		

Page 3 of 3

Dr. Mabel Rusch

Filing Fee: \$25.00

Typed or printed name of signee