

L13000048413

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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CORRECTION TO EFF. DATE PER
CONVERSATION WITH
WILLIAMS CORACELIN
9-3-2014 KS

Office Use Only



000261720720

08/25/14--01030--011 **25.00

EFFECTIVE DATE
9-3-2014

FILED
2014 AUG 25 PM 12:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER

SEP - 3 2014

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: HOUSES 4 LESS, LLC.

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Sandra Coracelin, Esq.

Name of Person

Coracelin Law Firm, P.A.

Firm/Company

9050 Pines Boulevard, Suite 425

Address

Pembroke Pines, Florida 33024

City/State and Zip Code

lawcenterfl@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Williams Coracelin

Name of Person

at **(954) 272-6170**

Area Code

Daytime Telephone Number

Enclosed is a check for the 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:

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

EFFECTIVE DATE
9-3-2014

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

HOUSES 4 LESS, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
2014 AUG 25 PM 12:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 04/02/2013 and assigned
Florida document number L13000048413.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable: _____

(Principal office address MUST BE A STREET ADDRESS) _____

Enter new mailing address, if applicable: _____

(Mailing address MAY BE A POST OFFICE BOX) _____

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida street address

_____, 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 Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Herby Dorval	5260 SW 131st Terrace	<input type="checkbox"/> Add
		Miramar, Florida 33027	<input checked="" type="checkbox"/> Remove
AMBR	Sandra Coracelin	16211 SW 18th Street	<input checked="" type="checkbox"/> Add
		Miramar, Florida 33027	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

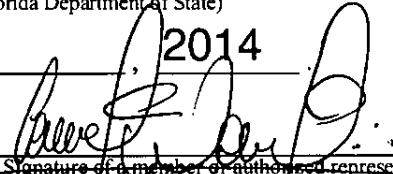
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2014 AUG 25 PM 12:22
CLERK OF COURT
JALIAH SEFF
STATE OF FLORIDA

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: 09/03/2014 (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated August 22 2014



Signature of a member or authorized representative of a member

Williams Corace/in

Typed or printed name of signee

FILED
2014 AUG 25 PM 12:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA