LIHOOI97067

(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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SECRETARY OF STATE

K. SALY JAN 12 2017

COVER LETTER

	egistration Se livision of Cor			
elib ie ca		FUNDING LLC		
SUBJECT	· :	Name of Limit	ted Liability Company	
The enclos	sed Articles of	Amendment and fee(s) are subn	nitted for filing.	
Please retu	ırn all correspo	ndence concerning this matter t	o the following:	
		VITALIY PERSHIN		
			Name of Person	
		HOU3E INC		
			Firm/Company	
		8320 SANDS POINT BLV	D SUITE M208	
		-	Address	4 1 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
		TAMARAC, FL 33321		
			City/State and Zip Code	
		BUYINGFORCASH@GMA	· · · · · · · · · · · · · · · · · · ·	
		E-mail address: (to	o be used for future annual report notific	cation)
For further	information co	oncerning this matter, please ca	11:	
VITALIY	PERSHIN		954 614-0878 at ()	
	Name of	f Person	Area Code Daytime	Telephone Number
	•			
Enclosed is	s 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:

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

FILED

SECRETARY OF STATE

PERSHIN FUNDING LLC

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

	(A Florida Limited Liability Company)	SEE, FLORIDE
The Articles of Organization for this Limited	Liability Company were filed on 12/31/2014	and assigned
Florida document number L14000197067	<u></u>	
This amendment is submitted to amend the fol	llowing:	
A. If amending name, enter the new name	of the limited liability company here:	
HOU3E 2 LLC		
he new name must be distinguishable and contain the	words 'Limited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if appli	icable:	
Principal office address MUST BE A STRE	ET ADDRESS)	
Mailing address MAY BE A POST OFFICE	d/or registered office address on our records,	enter the name of the
egistered agent and/or the new registered	•	<u> </u>
Name of New Registered Agent:	HOU3E INC	
New Registered Office Address:		
	Enter Florida street address	
	, Flor	
	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 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	PERSHIN, VITALIY	8320 SANDS POINT BLVD	Add
		SUITE M208	■ Remove
		TAMARAC, FL 33321	☐ Change
MGRM	PROPERTY TRUST	8320 SANDS POINT BLVD	Add
		SUITE M208	■ Remove
		TAMARAC, FL 33321	Change
MGR	HOU3E INC	8320 SANDS POINT BLVD	≣ Add
		SUITE M208	☐ Remove
		TAMARAC, FL 33321	Change
			SELLIO AND STATE
			HASSE Remove
			FOR Change
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			Remove
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f an efi <u>Note:</u>	ive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
Dated	1-6-,2017

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00