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COVER LETTER

Division of Cor			
HOU3E M	OTORS LLC		
Sobsect.	Name of Limi	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:	
	VITALIY PERSHIN		
		Name of Person	
		Firm/Company	
	5770 NW 60TH AVE #E-2	211	
		Address	
	TAMARAC FL 33319		
		City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
	PERSHINFL@GMAIL.CO		
	E-mail address: (1	to be used for future annual report notif	ication)
For further information of	concerning this matter, please ca	all:	
VITALIY PERSHIN		954 614-0878	
Name o	of Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for the	he 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

HOU3E MOTORS LLC				_	
(<u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appears on Limited Liability Company)	our records.)		-	
The Articles of Organization for this Limited Liability C	ompany were filed on $\frac{01/20/3}{2}$	2015	and a	assign	ed
Florida document number L15000010577	<u>_</u> ·				
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limi	ited liability company here:				
HOU3E RENTALS LLC					
The new name must be distinguishable and contain the words "Limi	ited Liability Company," the design	ation "LLC" or the abl	breviation	"L.L.C	,17
Enter new principal offices address, if applicable:	 				
(Principal office address MUST BE A STREET ADDR	RESS)				
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BOX)				л	
training mauress MAT DE ATVIST OF FICE BOAT				<u>=</u>	11
			∀ ბე: - (دد	granatus.
B. If amending the registered agent and/or regis		r records, <u>enter</u>	the name	e of	the no
registered agent and/or the new registered office add	ress here:		글;;	<u></u>	SHIMP.
			085 285	-	Sect
Name of New Registered Agent:			Şr (<u> </u>	
N. D. ' 100" A11					
New Registered Office Address:	Enter Florida s	treet address			
	Cirv	, Florida	Zip Cod	de	
	~ <u>,</u> ,		2.0		

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>	Name	Address	Type of Action			
			Add			
			□ Remove			
			☐ Change			
			Add			
			□ Remove			
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ocument's effective	erted in this bloc	k does not m	eet the applica	ble statutory	y filing requi	rements, this da	te will not b	e liste	d as
e record specifie	es a delayed of fter the recor	effective da d is filed.	ate, but not	an effect	ive time, a	at 12:01 a.m	. on the	earlie	r of
The 90th day a		χ)~	2015	-		$\overline{}$			
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