1500059639

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TO:	Registration Se Division of Co			
SUBJE	Haus Prope			
SUBJE	ECT:	Name of Lim	ited Liability Company	
		Amendment and fee(s) are sub	-	
		Cesar A. Clavero, CPA		
			Name of Person	
		STRIX Partners LLC		
Firm/Company				
	1234 South Dixie Highway, Suite #329			
			Address	
	-	Coral Gables, Florida 3314	46	
			City/State and Zip Code	
	•	cclavero@strixpartners.com		
For fur	ther information o	E-mail address: (concerning this matter, please c	to be used for future annual report notifiall:	cation)
Cesar	A. Clavero, CPA		305 490-0005	
	Name o	of Person	Area Code Daytime	Telephone Number
Enclos	ed is a check for t	he following amount:		
\$2.	5.00 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

Haus Properties LLC		
(Name of the Limited Li (A F	ability Company as it now appears on our records.) orida Limited Liability Company)	
The Articles of Organization for this Limited Liabili Florida document number <u>L15000059639</u>	ity Company were filed on 04/06/2015	and assigned
This amendment is submitted to amend the following	g:	
A. If amending name, enter the new name of the	limited liability company here:	
The 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 applicable	<u> </u>	
(Principal office address MUST BE A STREET A	DDRESS)	
		•
Enter new mailing address, if applicable:		Al
(Mailing address MAY BE A POST OFFICE BOX		<u> </u>
•		2
		HAS W
B. If amending the registered agent and/or registered agent and/or the new registered office	egistered office address on our records, <u>ente</u>	<u> </u>
- other day of the new registered office	<u></u>	
Name of New Registered Agent:		2: 17
New Registered Office Address:		<i>></i>
	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 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
Mgr.	Sergio M. Vilhena	1234 South Dixie Highway	☐ Add
		Suite 329	□ Remove
		Coral Gables, Florida, 33146	☐ Change.
			Add
			□ Remove
			Change
			Add
			Remove
	•		Change
			Add HASS Respoye
			PH CF SD CF TO Add
			Add ☐ Remove
			Change
			Add
			□ Remove
			□ Change

The total change consist of:				
1. Change Sergio M. Vilhena	's address to 1234 South E	Dixie Highway, #329 Co	ral Gables, FL.	
				
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ctive date, if other than the	date of filing: ASAP		(optional)	NOV I
effective date is listed, the date mus	ock does not meet the appl	icable statutory filing re	than 90 days after filing. equirements, this date	willinot be liste
ment's effective date on the Do	epartment of State's record	ls.		
ecord specifies a delayed ne 90th day after the rec		not an effective tim	e, at 12:01 a.m.	S in the earlie
November 11	2015			
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Filing Fee: \$25.00