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ENTIFYER AND STATE

S. WARREN AUG 0 2 2017

COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	A-No HOURZ	-U2 LLC	
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	nitted for filing.	
Please return all correspo	ondence concerning this matter (	to the following.	
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	05	gc Bedran	t ';
		Name of Person	
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		Firm Company	
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<u>),-92</u>	Bedran	at ( <u>305</u> ) <u>904</u> Aten Code Daytine	<u>- 8945</u>
O Name e	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t		_	
\$25,00 Filing Fee	□ \$30,00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy	☐ \$60,00 Filing Fee, Certificate of Status &
		codditional copy is enclosed)	Certified Copy (additional copy is enclosed)
<b>4</b>	INC. A DIDDEC	\$250 \$2 \$250 \$250 \$250 \$330 \$330 \$330 \$330 \$330 \$330 \$330 \$3	D AIMMECC.
	ANG ADDRESS:	STREET/COURIE	

Registration Section Division of Corporations P.O. Box 6327 Tailahassee, FL 32314 Registration Section Division of Corporations Cliffon Building 2661 Executive Center Circle Physics, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HOUZZ-UP LLC							
(Name of the Limited )	Liability Company as it now appears on our records.) Sea Limited Liability Company)						
The Articles of Organization for this Limited Liability Company were filed on 34/05/2017 and assigned Florida document number £2 L1700076805							
This amendment is submitted to amend the following	ing:						
A. If amending name, enter the new name of th	e limited liability company here:						
The new name must be distinguishable and contain the word	s "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."						
Enter new principal offices address, if applicable	mending name, enter the new name of the limited liability company here:  ame must be distinguishable and contain the words "Limited Liability Company." the designation "LLC" or the abbreviation "LLC."  ew principal offices address, if applicable:  and office address MUST BE A STREET ADDRESS)  ew mailing address, if applicable:						
(Principal office address MUST BE A STREET A	ADDRESS)						
	· ;						
Enter new mailing address, if applicable:							
(Mailing address MAY BE A POST OFFICE BO	<u> </u>						
	<del></del>						
D. If amonding the registered point and/on	-						
Name of New Registered Agent:	<u> </u>						
New Registered Office Address:							
	Enter Florida street address						
_	, Florida						
	City Zip Code						
New Registered Agent's Signature, if changing Reg	istered Agent:						
provisions of all statutes relative to the proper accept the obligations of my position as registe.	igent and agree to act in this capacity. I further agree to comply with the and complete performance of my duties, and I am familiar with and red agent as provided for in Chapter 605, F.S. Or, if this document is istered office address, I hereby confirm that the limited liability ange.						

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our record:

MGR = Manager MBR = Authorized Member

<u>l'itie</u>	Name •	Address	Type of Action
AMBR	Jorge Bedran	13499 Biscoyne Blud	
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