

7/8/2020

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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(((H200002117863)))



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Division of Corporations
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
HOUSEORDZ LLC

Certificate of Status	0
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Page Count	04
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Corporate Filing Menu

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July 7, 2020

FLORIDA DEPARTMENT OF STATE
Division of Corporations

HOUSEORDZ LLC
7401 WILES
124
CORAL SPRINGS, FL 33067

SUBJECT: HOUSEORDZ LLC
REF: L17000101200

We have received your document for HOUSEORDZ LLC and the authorization to debit your account in the amount of \$25.00. However, the document has not been filed and is being returned for the following:

If you are not changing the business name please remove the new name from section A. The name on the section A is the exact same name of the llc

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Yasemin Y Sulker
Regulatory Specialist III

FAX Aud. #: H20000211786
Letter Number: 220A00013190

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Houznordz LLC

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

The Articles of Organization for this Limited Liability Company were filed on May 8, 2017 and assigned
Florida document number 217006191200

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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal officers address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

7401 Wiles Rd Suite 124-126

Coral Springs FL 33067

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

City, Florida

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

2020 JUL -7 PM 3:05

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

F. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Payment to 635.0207 (3X2)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

if the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Date: June 23, 2006

X

Signature of a member or authorized representative of a member

Miguel A. Ordóñez

Typed or printed name of signor

Filing Fee: \$25.00