

4/5/24, 3:09 PM

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

L17000264417

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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : FLORIDA TAX HOUSE
Account Number : 120190000015
Phone : (407)203-1054
Fax Number : (407)386-9170

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

Email Address: ELOPES1208@GMAIL.COM

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
FLORIDA TAX HOUSE LLC**

Certificate of Status	0
Certified Copy	0
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RECEIVED

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FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

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Corporate Filing Menu

Help

2024 APR 22 PM 1:33

APR 23 2024
K. Brumbley

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Florida Tax House LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Ericka Lopes

Name of Person

Firm/Company

17823 Adrift Road

Address

-Winter Garden, FL - 34787

City/State and Zip Code

elopes1208@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ericka Lopes

at (352)
Area Code

459-1054

Daytime Telephone Number

Enclosed is a check for the 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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Florida Tax House 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 12/29/2017 and assigned
Florida document number 137000264417.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Florida Housing Agency LLC

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:

17823 Adrift Road

(Principal office address MUST BE A STREET ADDRESS)

Winter Garden FL 34787

Enter new mailing address, if applicable:

Same as principal

(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:

Ericka Lopes

New Registered Office Address:

17823 Adrift Road

Enter Florida street address

Winter Garden

City

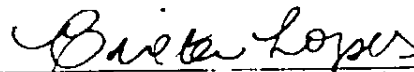
Florida

34787

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

2024 APR 22 PM 1:33

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>	<u>Type of Action</u>
MGR	Leandro Ferreira Teles	14282 Aldford Dr, Winter Garden FL 34787	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

DRA name:

FHA.US

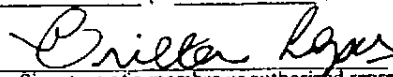
E. Effective date, if other than the date of filing: _____ (optional)

(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.) Pursuant to 605.0207 (3)(b)

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.

Dated April, 5th 2024



Signature of a member or authorized representative of a member

Ericka Lopes

Typed or printed name of signer

Filing Fee: \$25.00