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COVER LETTER

TO:

Registration Section Division of Corporations

House W	orks LLC		
	Name of L	imited Liability Company	
The enclosed Articles	of Amendment and fee(s) are s	ubmitted for filing.	
	pondence concerning this matt		
	Gregory John		
		Name of Person	
	House Works, LLC		
		Firm/Company	-
	10349 Corbett John Rd		
		Address	
	Parrish, FL 34219		
		City/State and Zip Code	
	gregjohn247@msn.com		
	E-mail address:	(to be used for future annual report not	ification)
For further information	concerning this matter, please of	cail:	
Greg John		941 7376934	
Name o	of Person	at () Area Code Daytin	ne Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S Division of C P.O. Box 632 Tallahassee, F	Section orporations 7	Street Address: Registration Sec Division of Corp The Centre of T 2415 N. Monroe	porations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

ompany as it now appears or ited Liability Company)	(237: 17 Pii 3: 18
San Fohmu	m. 27, 2010
any were filed on reorda	and assigned
iability company bere-	
ability Company," the design	ation "LLC" or the abbreviation "LLC"
_	and an abbreviation "L.IC."
address on our records	, enter the name of the new regis
Enter Florida stree	l address
City	, Florida
	any were filed on Februa iability company here: ability Company." the designated ability Company." ability Company."

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
AMBR	Cody John	1200 North Irving St. Apt 2E	= Add
		Arlington, VA 22201	□Remove
			□Change
AMBR	Kyle John	10335 Corbett John Rd.	≣Add
		Parrish, FL 34219	□Remove
			□Change
			□Add
			ПRетоve
			Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			☐ Change

	formation, enter change(s) here: (Attach additional sheets, if necessary.)
	2000 AU 117 PT 3: 18
Effective date, if other than the (If an effective date is listed, the date in Note: If the date inserted in this document's effective date on the	he date of filing:(optional) nust be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3) block does not meet the applicable statutory filing requirements, this date will not be listed as the Department of State's records.
the record specifies a delayed effection or dis filed.	ive date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated August 12	2020
	Melisa Jul
	Signature of a member of authorized representative of a member
	Typed or printed name of signee