Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H20000380050 3)))



H200003800503.ABCS

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : H & R TAX ADVISORS LLC

Account Number : 120200000057 Phone : (786)857-6652

Fax Number : (786)204-3320

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

Email	Address:	 <u> </u>	 	

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MIAMI HOME STYLE, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

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Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

TO:	Registration Se- Division of Cor			(((H20000380050 3)))
		OME STYLE, LLC		
SUBJ	ECT:		ted Liability Company	
The er	nelosed Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		Jannett A Rodriguez		
			Name of Person	
		H&R Tax Advisors LLC		
			Firm/Company	
		12741 SW 38 Terr		
			Address	
		Miami, FL 33175		
			City/State and Zip Code	
		jannett@hrtaxadvisors.com		
		E-mail address: (to be used for future annual report notifi	cation)
For fu	irther information c	oncerning this matter, please e	all:	
Janne	en A Rodriguez		786 857-6252	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclo	sed is a check for the	he following amount:		
= S	25.00 Filing Fee	S30.00 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 Addre	<u>sss:</u>	Street Address:	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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

(((H20000380050 3)))

MIAMI HOME STYLE, LLC		<u> </u>	<u></u>		_	
(Name of the Limi	ted Liability Com (A Florida Limite	pany as it now appears on or d Liability Company)	ur records.)			
The Articles of Organization for this Limited L. Florida document number	.iability Compar	ny were filed on09/12/2	2018	and	assign	ed
This amendment is submitted to amend the foll	lowing:					
A. If amending name, enter the new name o	of the limited li	ability company here:				
*** No change***						
The new name must be distinguishable and contain the	words "Limited Lia	ability Company," the designat	tion "LLC" or the a	ibbreviation	"L.IC	,
Enter new principal offices address, if applic	*** No change***					
(Principal office address MUST BE A STREE	ET ADDRESS)					
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u> </u>	9320 NW 100 ST MEDLEY, FL 33178		7	2:20	
B. If amending the registered agent and/or	registered offic	ee address on our record	ls, enter the na	me of the	₽ new r	egistero
agent and/or the new registered office addre	ess here:				AM	
Name of New Registered Agent:	H&R Tax A	H&R Tax Advisors LLC				
New Registered Office Address:	12741 SW 38 Ter				√	
		Enter Florida str				
	Miami		Florida _	3175		
		City		Zip Ce	ode	

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

11	12	/2020	15.50	PM

TO:18506176383 FROM:7862043320

Page: 5

is autenting Authorized Person(s) authorized to manage, enter the title, name, and address of each person, being added pr removed from our records:

MCR = Manager AMBR = Authorized Member		(((H20000380050 3)))		
<u>Title</u>	Name	Address	Type of Action	
N/A	*** No change***	*** No change***	CAM	
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			OChange	
			DAdd	
		 	COverage	
			GRemove	
			☐ Change	
			□ Remove	
			O'Change	
			DAdd	
			□ Remove	
			OChange	
			□Remove	
			C Change	

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oending any other informatio	on, enter change(a) here: (Attach additional sheets, if necessary)	50
*** No change***		
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tive date, if other than the da Betwe date is listed, the date must be	nte of filing:	603.0
If the date inserted in this block	k does not meet the applicable statistory filing requirements, this date will not be	listed
ment's effective date on the Depa	Ethich of June 3 feerags.	
	1. I	- 4
ora specities a aciayea errective a Sled	hate, but not an effective time, at 12:01 s.m. on the earlier of: (b) The 90th day	ETOTE C
November 2nd	2020	
	2 1	
Lu Lu	mfaint	
	englass of a member or amborized representative of a member	-
Jorge Rassi Urbano	. 1	
	Typed or prizzed name of signor	-

Filing Fee: \$25.00

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