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Amend

JUN 24 2019 I ALBRITTON

COVER LETTER

Division of Corp	porations				
HOUXON 1 SUBJECT:					
SUBJECT: Name of Limited Liability Company					
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspor	ndence concerning this matter	to the following:			
	MITCHELL J. HOWARD				
		Name of Person			
	MITCHELL, J. HOWARD	CPA, PA			
		Firm/Company			
	3800 S. OCEAN DRIVE S	SUITE 228			
		Address			
	HOLLYWOOD, FL 33019)			
		City/State and Zip Code			
	E-mail address: (to be used for future annual report notific	cation)		
For further information co	ncerning this matter, please ca	·			
MITCHELL J. HOWARI)	954 454-1119			
Name of Person		at () Area Code Daytime	Telephone Number		
Enclosed is a check for the	e 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:

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HOUXON L.L.C.		
(Name of the Limited Liability C (A Florida Lin	Company as it now appears on our records.) nited Liability Company)	
The Articles of Organization for this Limited Liability Com	pany were filed on 04/02/2019	and assigned
Florida document number L19000090945		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	l liability company here:	
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRES	<u></u>	
		7019
Enter new mailing address, if applicable:		<u> </u>
Mailing address MAY BE A POST OFFICE BOX)		-o i
		ဟ္
B. If amending the registered agent and/or registere egistered agent and/or the new registered office address	·	enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flor	
	City	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

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	DEMIAN E. PACK	3530 MYSTIC POINTE DRIVE APT 1105	= Add
		AVENTURA, FL 33180	
			Remove
			Change
			Remove
			☐ Change
			Add
			☐ Remove
			Change
			Add
			□ Remove
			☐ Change
			□ Add
			☐ Remove
			Change
			Add
			Remove
			Change

D. It amending any other	r information, enter change(s) here: (Attach additional sheets, if necessary.)
	
	
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-	
	
	
(If an effective date is listed, Note: If the date inserte	the date of filing:
If the record specifies (b) The 90th day afte	a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: r the record is filed.
Dated JUNE 5	2019
	Signature of a member or authorized representative of a member
JORGE R PA	ACK
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00