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2019 SEP 16 PH 4: 49

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COVER LETTER

TO:	Registration Se Division of Cor		`	
CHB ICA	Lacada Inte	emational, LLC		
SUBJEC	-1; <u></u>	Name of Lim	ited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	turn all correspo	ondence concerning this matter	to the following:	
		Veronica Tejada Lacayo		
			Name of Person	<u>. </u>
		All U Need Homes, LLC		
			Firm/Company	
		7700 N. Kendall Dr., Suite	: 607	
	•		Address	
		Miami, FL 33156		
		vero@vero4u.com	City/State and Zip Code	
		E-mail address: (to be used for future annual report notif	ication)
For furth	er information c	oncerning this matter, please c	all:	
Veronic	a Tejada Lacayo		305 790-3938 at ()	
	Name o	f Person		Telephone Number
Enclosed	l is a check for th	ne 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:

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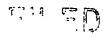
TO:

Registration Section Division of Corporations P.O. Box 6327 Tallahassec, 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



2019 SEP 16 PH 4: 49 Lacada International, 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 $\frac{04/30/2019}{1}$ and assigned Florida document number L19000116560 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: All U Need Homes, 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: (Principal office address MUST BE A STREET ADDRESS) 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

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 added or removed from our records:

MGR = Manager		
AMBR = Authorized Member		

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			Remove
			Сһапде
			Add
			☐ Remove
			Change
			Add
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			Remove
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Filing Fee: \$25.00