

3/30/23, 1:19 PM

((H23000120367 3)))

Division of Corporations

L19000234093

Florida Department of State
Division of Corporations
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.

((H23000120367 3)))



H230001203673ABCV

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : VITERI FINANACIAL CORPORATION
Account Number : I20180000091
Phone : (786)390-6735
Fax Number : (305)675-7799

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

Email Address: xavier@viterifinancial.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
HOUSEANDFLATS.COM LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

M. SOLOMON
MAR 31 2023

Electronic Filing Menu

Corporate Filing Menu

Help

(((H23000120367 3)))

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HOUSEANDFLATS.COM 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:

XAVIER VITERI

Name of Person

VITERI FINANCIAL CORPORATION

Firm/Company

7742 N. KENDALL DRIVE - SUITE #87

Address

MIAMI, FL 33156

City/State and Zip Code

XAVIER@VITERIFINANCIAL.COM

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

For further information concerning this matter, please call:

XAVIER VITERI

786

262-1237

at (_____) _____

Name of Person

Area Code

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

(((H23000120367 3)))

OFFICE OF THE
CLERK OF THE
STATE
TALLAHASSEE, FL 32303

2023 MAR 30 PM 1:33

FILED

(((H23000120367 3)))
**ARTICLES OF AMENDMENT
 TO
 ARTICLES OF ORGANIZATION
 OF**

HOUSEANDFLATS.COM 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 09/16/2019 and assigned
 Florida document number L19000234093.

This amendment is submitted to amend the following:

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

Biscayne Chile 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

City

Florida

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

2023 MAR 30 PM 1:38
 CLERK OF STATE
 TREASURY DEPARTMENT

FILED

((H23000120367 3)))

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>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

2023 MAR 30 PM 1:33
FILED
CLERK OF COURT
STATE OF
NEW YORK
COUNTY OF
SUNNYVALE

((H23000120367 3)))

