# L20000190019

(Fi	Requestor's Name)	<u> </u>
(A	ddress)	
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(C	City/State/Zip/Phone #	f)
PICK-UP	☐ WAIT	MAIL
(E	Business Entity Name	·)
(C	Ocument Number)	· · · · · ·
Certified Copies	Certificates o	of Status
Special Instructions to	o Filing Officer:	
<u> </u>		
	Office Use Only	



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11/23/20



#### **COVER LETTER**

Division of Corporations

TO: Registration Section

SUBJECT:	Name of Lin	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	YOHARA HERNANDEZ		
		Name of Person	
	MY FL HOME, LLC		
		Firm/Company	
	3875 NW 171TH TERRA	CE	
		Address	
	MIAMI, FL 33055		
		City/State and Zip Code	
	YOHARAHDEZ@GMAL.	СОМ	
	E-mail address: (	to be used for future annual report not	ification)
For further information c	oncerning this matter, please c	all:	
YOHARA HERNANDE	Z	305 725-9416	
Name o	f Person		ne Telephone Number
inclosed is a check for the	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)
<u>Mailing Addres</u> Registration 5	_	<u>Street Address:</u> Registration Se	ection
Registration Section Division of Corporations		Division of Co	
P.O. Box 6327		The Centre of T	•
Tallahassee, FL 32314		2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MY FL HOME, LLC		
( <u>Name of the Limited Liah</u> (A Flor	ility Company as it now appears on our records.) ida Limited Liability Company)	<del></del>
The Articles of Organization for this Limited Liability	Company were filed on 07/03/2020	and assigned
Florida document number L20000190019	·	M
This amendment is submitted to amend the following:		007 F/1
A. If amending name, enter the new name of the li	mited liability company here:	MOOCT 19 PH
The new name must be distinguishable and contain the words "L	imited Liability Company," the designation "LLC" or t	the abbreviation, L.E.C.
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADI	DRESS)	·
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		· · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and/or register agent and/or the new registered office address here	red office address on our records, <u>enter the</u> :	name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
<u> </u>	, Florid:	
	City	Ziv 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 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>	Type of Action
MGR	YOHARA HERNANDEZ	3875 NW 171TH TERRACE	■Add
		MIAMI, FL 33055	■ Add  □ Refliove □ Change
			□Change
AMBR	IRAN GUTIERREZ	3875 NW 171TH TERRACE	■Add S
		MIAMI, FL 33055	∐Remove
			Change
			□Add
			□Remove
			Change
			□Add
			□Remove
		<del></del>	Change
<del></del>			
		□ Remove	
			Change
			□Remove
			□Change

Rective date, if other than the date of filing:  an effective date is listed, the date must be specific and cannot be prior to date of filing are more than 90 days after filing.) Dursuant to 655 9207 one; If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as extracted selective date on the Department of State's records.  The selective date and delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the is filed.  Signature of a finemeer or authorized representative of a member			
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other. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as cument's effective date on the Department of State's records.  ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the is filed.	_		
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ned 09/25/2020.	ic file	d .	The 90th day after the
Signature of a member or authorized representative of a member	13 111	<i>-</i>	
Signature of a member or authorized representative of a member	ited	09/25/2020	
Signature of a member or authorized representative of a member		A)	
Signature of a member or authorized representative of a member			



## Public Housing and Community Development Miami-Dade Housing Choice Voucher Program

P.O. Box 521750 Miami, FL 33152-1750 TTD/TTY Florida Relay Service 1-800-955-8771 or Dial 771

Customer Service Number: 305-403-3222/ Fax: 786-358-5893

Si necesita ayuda con este formulario, llame al 305-403-3222 Si w bezwen asistans ak fòm sa a, tanpri rele 305-403-3222

#### **AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT**

I (we) hereby authorize the Miami-Dade Public Housing Agency to initiate credit entries to my (our) account in the financial institution named below and authorize the financial institution to credit the same to my (our) account.

This authorization is to remain in effect unless revoked buy the vendor in writing to the Miami-Dade Public Housing Agency. Account changes must be reported to the Miami-Dade Public Housing Agency thirty (30) days prior to the actual change.

Please complete the following information and attach a voided check.

SECTION 1 – (To be completed by vendor)		
TYPE OF TRANSCTION (check one): ☑ ADD (new) ☐ CHANGE ☐ DELETE	<del></del>	
SECTION 8 LANDLORD? YES \$ NO D VENDOR NAME:		
FEDERAL TAX ID OR SOCIAL SECURITY NUMBER: 63060 そ63又		
MAILING ADDRESS: 3875 NW 171 FRATER		
CITY STATE ZIP: NIAMI' GARDIAS, 17 33055	<i>,</i>	
PHONE NUMBER: 306-725-9416 EMAK ADDRESS: 40 hura h do 200 gm	advien	
3/ohora Hernans		
PAYEE PRINTED NAME PAYEE SIGNATURE		
CO-PAYEE PRINTED NAME CO-PAYEE SIGNATURE		
SECTION 2 - (To be completed by financial institution)		
DIRECT DEPOSIT TO BE MADE TO		
FINANCIAL INSTITUTION NAME: A"+1" Bank.		
MAILING ADDRESS: 3.875 N(l) 17/ tex		
CITY, STATE, ZIP: Nipmilandens 1-1 3305 TELEPHONE NUMBER: 3057259416		
TYPE OF ACCOUNT: CHECKING ☑ SAVINGS □		
BANK ROUNTING NUMBER (The first nine digits prento the account number in the bottom left comer of the check.)		
266086554		
Please note: some tranks have different routing numbers or ACH or Size di Decosits		
BANK ACCOUNTNUMBER BANK STAYS		
9145768556	)	
	J 07)	
BANK OFFICIAL (Please Print Legibly) VANIO HUMAN DATE: 10/10/ 202	1()	
SECTION 3 – (To be completed by MDPHA Finance Division's Accounting Staff)	·	
DATE RECEIVED: / / ACH BANK CODE:		
VENDOR NUMBER: ACH PROCESSED: /	<del>,</del>	
CASH MANAGEMENT APPROVAL BY: SIGNATURE:		
DISBURSEMENT OFFICER APPROVAL BY: SIGNATURE:		
·		

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT WILL *ONLY* BE ACCEPTED VIA DOCUMENT DROP OFF OR POSTAL MAIL. <u>NO FAXED OR ELECTRONICLY MAILED AGREEMENTS WILL BE ACCEPTED.</u>

