

L20000190019

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

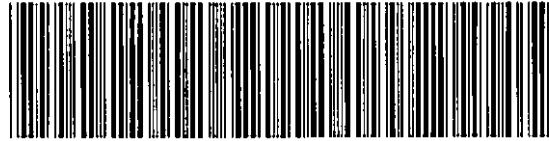
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



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2020 OCT 19 PM 11:15

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: MY FL HOME, 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:

YOHARA HERNANDEZ

\_\_\_\_\_  
Name of Person

MY FL HOME, LLC

\_\_\_\_\_  
Firm/Company

3875 NW 17TH TERRACE

\_\_\_\_\_  
Address

MIAMI, FL 33055

\_\_\_\_\_  
City/State and Zip Code

YOHARAHERNANDEZ@GMAIL.COM

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

YOHARA HERNANDEZ

305 725-9416  
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

**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>	<u>Address</u>	<u>Type of Action</u>
MGR	YOHARA HERNANDEZ	3875 NW 171TH TERRACE	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33055	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	IRAN GUTIERREZ	3875 NW 171TH TERRACE	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33055	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

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(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record 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 record is filed.

Signature of a member or authorized representative of a member

Typed or printed name of signee



Carlos A. Gimenez, Mayor

[www.miamidade.gov](http://www.miamidade.gov)

**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 by 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 TRANSACTION (check one): ☒ ADD (new) ☐ CHANGE ☐ DELETE

SECTION 8 LANDLORD? YES ☒ NO ☐ VENDOR NAME: \_\_\_\_\_

FEDERAL TAX ID OR SOCIAL SECURITY NUMBER: 630608038

MAILING ADDRESS: 3875 NW 171 terrace

CITY, STATE, ZIP: Miami Gardens, FL 33055

PHONE NUMBER: 305-725-9416

EMAIL ADDRESS: yohara.hdez@gmail.com

Yohara Hernandez  
PAYEE PRINTED NAME

[Signature]  
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: Biti bank

MAILING ADDRESS: 3875 NW 171 terrace

CITY, STATE, ZIP: Miami Gardens FL 33055

TELEPHONE NUMBER: 305 725 9416

TYPE OF ACCOUNT: CHECKING ☒ SAVINGS ☐

BANK ROUTING NUMBER (The first nine digits prior to the account number in the bottom left corner of the check.)

266086554

Please note: some banks have different routing numbers for ACH or Direct Deposits

BANK ACCOUNT NUMBER \_\_\_\_\_

BANK STATE \_\_\_\_\_

9145768556

BANK OFFICIAL (Please Print Legibly) Yohara Hernandez

DATE: 10/09/2020

**SECTION 3 - (To be completed by MDPHA Finance Division's Accounting Staff)**

DATE RECEIVED: \_\_\_\_/\_\_\_\_/\_\_\_\_

ACH BANK CODE: \_\_\_\_\_

VENDOR NUMBER: \_\_\_\_\_

ACH PROCESSED: \_\_\_\_/\_\_\_\_/\_\_\_\_

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. NO FAXED OR ELECTRONICALLY MAILED AGREEMENTS WILL BE ACCEPTED.**

