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O SIMMONS SEP 2 9 2021

TO:		ation Secti n of Corpo				
SUBJE	CT:	House	e of	Pakite Name of Lin	Por LLC mited Liability Company	
The enc	losed An	ticles of Ar	nendment ar	nd fee(s) are sul	bmitted for filing.	
Please 1	eturn all	correspond	ence concer	ning this matter	r to the following:	
					Name of Person	
				touse	of Palate Parn Firm/Company	<u>lu-</u>
			1912	O NW	12th Aug Address	
			_mic	imi, Fl	- 33169 City/State and Zip Code	
			<u> </u>	E-mail address:	Criate porn e amail. (to be used for future annual report no	com otification)
For furt	her infori	nation con	cerning this	nutter, please o	call:	
	Tyan	AiC) Name of P	erson ()h	at (<u>954)</u> <u>549</u> Area Code Dayt	- なるらい ime Telephone Number
Enclose	d is a che	ck for the	following an	nount:		
□V\$ 25	.00 Filing	g Fec	□ \$30,00 F Certific	iling Fee & ate 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

IU ARTICLES OF ORGANIZATION **OF**

#11 SET 20 AM 6:21

House Of Palate Porn LLC #21 SEI 20 AM 6:21	
(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 Morch 30, 2021 and assign	ed
Florida document number 1000144139	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
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 reagent and/or the new registered office address here:	egistered
Name of New Registered Agent:	
New Registered Office Address:	
Enter Florida street address	
Florida	
City Zin 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

<u> </u>	····	<u> </u>	<u> </u>	 	·	

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address #118:220 All 5:21	Type of Action
MOR	Thyangici Joseph	19186 NW 12th Ave :	□Add
		Migmi, FL 33169	□Remove
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tive date, if other than the date of filing: Tective date is listed, the date must be specific and cannot be. If the date inserted in this block does not meet the apment's effective date on the Department of State's reco	plicable statutory filia	
rd specifies a delayed effective date, but not an effecti iled.	ve time, at 12:01 a.m.	on the earlier of: (b) The 90th day after the
September 15th. 2	<u>521</u> .	
\mathcal{M} Λ	200	
Signature of a member or	authorized representative	e of a member