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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : F&L ACCOUNTING SERVICES LLC

Account Number : 120170000063 Phone : (786)343-9023 : (305)384-4684 Fax Number

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

Email Address: MONICALOPEZ@FLACCOUNTINGLLC.COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN HOUSEBERRY PROPERTIES AND INVESTMENTS LLC

Certificate of Status	0
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H210002440673

COVER LETTER

TO: Registration Se Division of Cor		H21000244067				
•	RRY PROPERTIES AND INV	/ESTMENTS LLC				
SUBJECT:	Name of Lim	ited Liability Company	 			
The enclosed Articles of	Amendment and fec(s) are sub	mitted for filing.				
Please return all correspo	ndence concerning this matter	to the following:				
	MONICA LOPEZ					
		Name of Person				
	F&L ACCOUNTING SEF	RVICES LLC				
		Firm/Company				
	2414 NW 87TH PL STE 2	414				
	<u></u>	Address				
	DORAL FL 33172					
		City/State and Zip Code				
	MONICALOPEZ@FLACO					
		to be used for future annual report not	(ification)			
	oncerning this matter, please c					
MONICA LOPEZ		786 2674792 at ()				
Name o	f Person	Area Code Daytii	ne Telephone Number			
Enclosed is a check for t	he 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 Addre</u>	<u>ss:</u>	Street Address:				
Registration	Section	Registration S				
Division of C P.O. Box 632		Division of Corporations The Centre of Tallahassee				
Tallahassee.		•	oe Street, Suite 810			

Taliahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

H21000244067 3

••••	ility Company as it now appears on our records.) ida Limited Liability Company)
The Articles of Organization for this Limited Liability Florida document number 1.21000219038	Company were filed on 05/11/2021 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the li	mited liability company here:
The new name must be distinguishable and contain the words "L	imited 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 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 name of the new regist</u> 2:
B. If amending the registered agent and/or register agent and/or the new registered office address here Name of New Registered Agent:	red office address on our records, enter the name of the new regist
agent and/or the new registered office address here	Enter Florida street address P. 2
agent and/or the new registered office address here Name of New Registered Agent:	Enter Florida street address Florida Florida
agent and/or the new registered office address here Name of New Registered Agent:	Enter Florida street address Florida City

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 H210002440673

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	CONSTANZA, BERRINO	100 N FEDERAL HWY UNIT 1025	🗆 🗆 Add
		FT. LAUDERDALE FL 33301	
			[]Change
AMBR	BERRINO, CONSTANZA	100 N FEDERAL HWY UNIT 1025	□Add
		FT. LAUDERDALE FL 33301	■Remove
			□Change
MGR	PERROTA, CLAUDIA D	100 N FEDERAL HWY UNIT 1025	□∧dd
		FT. LAUDERDALE FL 33301	■Remove
		44	□ Change
AMBR	BERRINO, CONSTANZA	100 N FEDERAL HWY UNIT 1025	≅ ∧dd
		FT. LAUDERDALE FL 33301	🗀 Remove
			Change
AMBR	BERRINO, VALENTINA	100 N FEDERAL HWY UNIT 1025	■Add
		FT. LAUDERDALE FL 33301	□Remove
			□ Change
AMBR	PERROTTA, CLAUDIA D	100 N FEDERAL HWY UNIT 1025	∃Add
		FT. LAUDERDALE FL 33301	[]Remove
			□ Change
		ł	121000244067 3

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). If amend	ling any ot	her information	, enter change(s) here: <i>(Attac</i>	h additional sheet	s, if necessary.)			
				 					
									
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F Fffective	date, if of	ther than the dat	e of filing:			(optional)			
(If an offect Note: If	ive date is list the date ins	ted, the date must be erted in this block date on the Depar	specific and cannot does not meet the	be prior to date of a applicable statu	filing or more than 90	days after filing.) P	ursuant to 605 ill not be list	0207 (3) ed as the	(b)
If the record s record is filed		elayed effective da	te, but not an effe	ective time, at 12	:01 a.m. on the ear	lier of: (b) The 9	90th day after	r the	
		_	17	\			60 30 A	20	
Dated	JNE 21	- 1016	292	1)				21 J	
							3.7	₩2	<u> </u>
		Sign	nature of a member	or authorized repr	esentative of a memb	ner .	(S) (S)	2	FILED
	CLAUDI	A D. PERROTTA		or printed name o	Signee		- weight	X	
		//	, y _i xu	or primed name to			3 33	2021 JUN 22 AM 8: 53	
						H210002	244067 3		

Filing Fee \$25.00