121000245188

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



000372154070

08/31/21--01029--001 +*25.00



O FRUCE

COVER LETTER

TO:	Registration Se Division of Cor					
011011	O CVP					
SUBJI	ECT:	Name of Lim	ited Liability Company	·		
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please	return all correspo	ndence concerning this matter	to the following:			
			EMILIO ARAUZ			
			Name of Person			
			HOUSED MIAMI LLC			
			Firm/Company			
	520 BRICKELL KEY DR #328C					
		2021 A	•			
			MIAMI, FL 33131		AUG 31	
City/State and Zip Code					(d) = -0	7
		E mail addense (carauz@aphomes.org to be used for future annual report notifi	oution)	(10 kg) - 12 kg	
For fur	ther information c	oncerning this matter, please ca	·	cationy	9	
	EMILIC	ARAUZ	305 9885341 at ()			
	Name o	f Person	Area Code Daytime	Telephone Number		
Enclos	sed is a check for th	ne following amount:				
≡ \$2	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (of Status &	

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JOH	JSED MIAMI LLC		
(Name of the Limited Liability (A Florida)	Company as it now appears on our records. Limited Liability Company))	
The Articles of Organization for this Limited Liability Co	ompany were filed on 05/26/2021	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ed liability company here:		
The new name must be distinguishable and contain the words "Limit	ed Liability Company," the designation "LLC"	or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:		202	
(Principal office address MUST BE A STREET ADDRI	<u></u>		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)		15% et 99	
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, enter t	he name of the new registered	
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street address		
	, Floi	ida 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 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>	Address	Type of Action
MGR	JEANNETTE POLIT	2050 CORAL WAY SUITE 511, MIAMI FL 33145	= Add
			□Remove
			□Change
			□Add
			□Remove
			Cochange
		<u>.</u>	Remove .
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add

_____ □Remove

	<u> </u>						<u> </u>	
_								
_								
_						<u></u>		
_		· <u>-</u>						
_			<u> </u>					
_								
_							. .	
							_ .[.]	1203
_					· · · · · · · · · · · · · · · · · · ·			3 000
_				· · · · · · · · · · · · · · · · · · ·				<u>(2)</u>
_							Ç	72
				-	1		1	
_	· -			<u></u>	_			<u>:</u> 6
_			 _				···	
-	· ·							
etiv	e date, if other th	an the date of	filing			(optio	nal\	
reffe	ctive date is listed, the o	date must be specif	ic and cannot be j	prior to date of:	filing or more th	an 90 days after f	iling.) Pursuant to	605.020
:ume	f the date inserted m nt's effective date or	the Departmen	t of State's reco	rds.	nory ming req	uirements, this	date will not be	usted a
cord s file	specifies a delayed	effective date, bu	it not an effecti	ve time, at 12	:01 a.m. on the	e earlier of: (b)	The 90th day a	after the
is the	a.							
(08/24/2021							
ind "				·	7			
ted _			/		//			
ted _			of a member or	=/_ (