

L21000334397

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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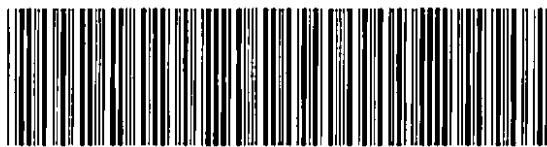
(Business Entity Name)

(Document Number)

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2023 OCT 19 AM 11:05  
Office of the Secretary

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: HAUSAKE 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:

STEPHANIE AKENII SAINZ  
Name of Person  
HAUSAKE LLC  
Firm/Company  
8230 SW 33RD TERRACE  
Address  
MIAMI, FL 33155  
City/State and Zip Code  
AKENII@HAUSAKE.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

STEPHANIE AKENII SAINZ at (305) 297-9762  
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

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

HAUSHKE LLC

(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 07/23/2024 and assigned  
Florida document number 621000334397

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 "LLC."

**Enter new principal offices address, if applicable:**

(Principal office address MUST BE A STREET ADDRESS)

8230 SW 33RD TERRACE  
MIAMI, FL 33155

**Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

8230 SW 33RD TERRACE  
MIAMI, FL 33155

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

STEPHANIE AKEIMI SHINZ

New Registered Office Address:

8230 SW 33RD TERRACE

*Enter Florida street address*

MIAMI

*City*

Florida

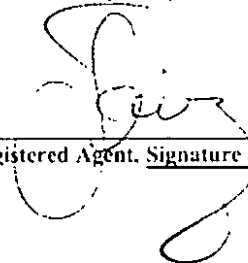
33155

*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 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>
<u>MGR</u>	<u>STEPHANIE AKEMI HAUSAMIVIAN</u>	<u>1951 NW SOUTH RIVER DRIVE</u>	<input type="checkbox"/> Add
		<u>#1007 MIAMI, FL 33125</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>MGR</u>	<u>STEPHANIE AKEMI SAINZ</u>	<u>8230 SW 33RD TERRACE MIAMI FL 33155</u>	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated October 16, 2023.

Signature of a member or authorized representative of a member

STEPHANIE AKEVIL SAINZ

Typed or printed name of signee

**Filing Fee: \$25.00**