

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

L22000069228

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H24000338959 3)))



H240003389593ABCA

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : LEGAL TEAM PLLC
Account Number : I20210000040
Phone : (786)307-2393
Fax Number : (786)524-3342

FILED
2024 OCT 14 PM 3:30
SECRETARY OF STATE
TALLAHASSEE, FL

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

Email Address: ksuarez@legalteamservices.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
THE HOUSE OF SUITS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

M. SOLOMON
OCT 14 2024

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: THE HOUSE OF SUITS, 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:

KAREL SUAREZ, ESQ.

Name of Person

THE LEGAL TEAM PLLC

Firm/Company

4000 PONCE DE LEON, SUITE 470

Address

CORAL GABLES, FL 33146

City/State and Zip Code

KSUAREZ@LEGALTEAMSERVICES.COM

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

For further information concerning this matter, please call:

ERICK TRELLES

305

281-6074

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

SECRETARY OF STATE
TALLAHASSEE, FL

2024 OCT 14 PM 3:30

FILED

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

THE HOUSE OF SUITS, 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 02/10/2022 and assigned
Florida document number 1.22000069228.

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 registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City

Florida

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

Docusign Envelope ID: FB114F7A-36D9-43FB-BDB1-10800704F8ED

In 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>
AMBR	VALDES, EVELYN	828 NW 24TH CT	<input type="checkbox"/> Add
		MIAMI, FL 33125	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	CRUZ, CARLOS E	3900 NW 2ND ST.	<input type="checkbox"/> Add
		MIAMI, FL 33126	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
2024 OCT 14 PM 3:30
CLERK OF DISTRICT COURT
MIAMI, FL

2024 OCT 14 PM 3:30
REGISTRATION STATE
TALLAHASSEE, FL

RECEIVED
DEPARTMENT OF STATE
TALLAHASSEE, FL
2024 OCT 14 PM 3:30

Filing Fee: \$25.00