## L320000 702 14

(Re	equestor's Name)	<del></del>
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TATE THE SECTION OF T

SUBJECT: HOLE	se of Reverie	elic	
	Name of Limi	ited Liability Company	
	Amendment and fee(s) are sub- indence concerning this matter	_	
	Savannah	Zernieno Name of Person	
	House of R	EVERICE LLC Firm/Company	<del></del>
	2615 W 23rd	JS+ Address	<del></del>
	Panama City	FL 32405 City/State and Zip Code	
	<u>designmyrev</u> Ji-mail address: (1	(evile @ gmail, com to be used for future annual report no	tification)
For further information co	oncerning this matter, please ca		
Savanah Name of	Zermeno Person	at ( <u>850</u> ) <u>896</u> - Area Code Dayti	me Telephone Number
Enclosed is a check for th	e 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 Address</u> Registration S		Street Address: Registration S	ection

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section Division of Corporations

TO:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## TO ARTICLES OF ORGANIZATION OF

House of Reverie L	LC		
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) ability Company)		_
The Articles of Organization for this Limited Liability Company v Florida document number <u>L220000 7021H</u> .	vere filed on <u>2/10/22</u>	a	nd ass
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil	lity company here:		
The new name must be distinguishable and contain the words "Limited Liability	ty Company," the designation "LEC" or the	abbreviat	ion "L.I
Enter new principal offices address, if applicable:	2615 W 23rd St		
(Principal office address MUST BE A STREET ADDRESS)	Panama City, FL 38	1405	<del>.</del>
Enter new mailing address, if applicable:	2615 W 23rd St Panama City, FL 32		
(Mailing address MAY BE A POST OFFICE BOX)	Panama City, FL 32	2405	
B. If amending the registered agent and/or registered office adgent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:	ddress on our records, <u>enter the na</u> Enter Florida street address  Florida	ime of the	12 A JH 6338
	City . Piorida	Zip	Code
New Registered Agent's Signature, if changing Registered Agent:		F	ယ္ က
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p			

If Changing Registered Agent, Signature of New Registered Agent

or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of
MGR/ <u>AMBR/</u> Registared Agent	Shannon Cole	2615 W 23rd St, Panama C. ty, FL 32c	<u>105</u> □Adc
Agent		2611 Ashler Way, Lynn Haven, FL 3244	4 ERen
			□Cha
			□Add
			□Rem
			□Char
			□Add
			□Rem
			□Chan
			□Add
			□Remc
			□Chan <sub>l</sub>
			□Add
			□Remc
			□Chanį
			□Add
			□Remc
			□Chan

D. If amen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
۷	Shannon R Cole is to be removed from this company lin
	he event she is added to it before you receive this documen
۲	the is not at all associated with Haise of Revene U.C.
٥	xivannah Zermeno is to remain the only MGR/registered
	igent.
	J
	··· ·· ·· ·· ·· ·· ·· ·· ·· ·· ·· ·· ··
_	
(If an effec <u>Note:</u> If	e date, if other than the date of filing:
If the record record is filed	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day aft d.
Dated _	November 15 2022.
	Signature of a member or authorized representative of a member
	Savannali Zermeno Typed or printed name of signee
	Typed of printed mane of signed