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COVER LETTER

Registration Section Division of Corporations

TO:

Landhouse			
SUBJECT:		ited Liability Company	······································
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Kimary Carrero		
		Name of Person	
	Landhouse LLC		
		Firm/Company	
	2512 Madron Ct		
		Address	
	Orlando, FL 32806		
		City/State and Zip Code	
	Landhousellc@gmail.com		
	E-mail address: (to be used for future annual report not	ification)
For further information of	concerning this matter, please c	alli;	
Kimary Carrero		407 617-4695 at ()	
Name o	of Person	Area Code Daytin	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)
Mailing Addre		Street Address:	
Registration Section Division of Corporations		Registration Se Division of Co	
P.O. Box 632	•	The Centre of	-
Tallahassee, FL 32314			pe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.)	
(A Florida Limited Li	ability Company)	
The Articles of Organization for this Limited Liability Company value document number 1.22000232062	were filed on May 18, 2022	and assigned
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
he new name must be distinguishable and contain the words "Limited Liabilit	y Company," the designation "LLC" or the a	abbreviation "L.L.C."
inter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registered office ac	ldress on our records, enter the na	ne of the new Segiste
gent and/or the new registered office address here:	,	AUG REI
Name of New Registered Agent:		TARY OF S
New Registered Office Address:	r. 17.11	EF ST
	Enter Florida street address	OD TATE
	, 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

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>	Type of Action
MGR	Gabriel A. Vera Acevedo	2512 Madron CT Orlando, FL 32806	■∧dd
			□Remove
			□Change
			□Add
			□Remove
			□Change
<u></u>			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
		 	□Change
			□Add
			□Remove
			□Change

<u>Note:</u> If	date, if other than the date of filing:
f the record s ecord is filed.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	August 16 2022 .
	Signature of a member or authorized representative of a member
	Kimary Carrero
	Typed or printed name of signee