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## **COVER LETTER**

TO: Registration Division of 0	r Section Corporations	•	
	ods LLC		
SUBJECT:	Name of Lim	ited Liability Company	<del></del>
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corre	spondence concerning this matter	to the following:	
	Carina Holland		
		Name of Person	
	Housemods LLC		
		Firm/Company	
	9657 Pembrooke Pines Dr		293
		Address	TALL TALL
	Sun City, FL 33573		2022 NOV 30 SECRETY AT TALLAH
		City/State and Zip Code	200 m
	housemods116@gmail.com E-mail address: (	to be used for future annual report notific	ation) Fig. 9. 35
For further information	on concerning this matter, please c		
Carina Holland		813 927-9363	
Name of Person		Area Code Daytime	Felephone Number
Enclosed is a check for	or the following amount:		
<b>■</b> \$25.00 Filing Fee	e ☐ \$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)
P.O. Box 6	on Section f Corporations	Street Address: Registration Sect Division of Corp The Centre of Ta 2415 N. Monroe Tallahassee, FL 3	orations llahassee Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Housemods LLC		
( <u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our records.) imited Liability Company)	
The Articles of Organization for this Limited Liability Cor	mpany were filed on 07/06/2022	and assigned
Florida document number 1.22000302486	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		22
(Principal office address MUST BE A STREET ADDRE	<u> </u>	70 13
Enter new mailing address, if applicable:		nis a
(Mailing address MAY BE A POST OFFICE BOX)		<del></del>
		<u>. පූ හ</u>
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	office address on our records, <u>enter th</u>	ne name of the new registe
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
		••
	Flor	ida

## 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>	<u>Address</u>	Type of Action
MGR	Carina Holland	9657 Pembrooke Pines Dr	<b>=</b> Add
		Sun City, FL 33573	□Remove
		9657 Pembrooke Pines Dr	□Change
MGR	Johnathan Holland	Sun City, F1. 33573	20 dd
			OR O
			□ Change
			Add C
			□Remove
			□Change
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	date must be specific an	d cannot be prior to			ling.) Pursu	
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n effective date is listed, the cote: If the date inserted in cument's effective date or ecord specifies a delayed of	n the Department of S	State's records.	nc, at 12:01 a.m. on	the earlier of: (b)	The 90th	day after
Tective date, if other than effective date is listed, the cote: If the date inserted in ocument's effective date or record specifies a delayed existiled.	n the Department of S	State's records.			The 90th	day after