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## **COVER LETTER**

TO: Registration So Division of Cor			
CHD ICZT.		SY GROUP, LLC	
SUBJECT:	Name of Lim	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:	
	Adalberto Parra, CPA		
		Name of Person	
	ADALBERTO PARRA C	PA, LLC	
		Firm/Company	<del></del>
	555 NE 15th Street, Suite	CU-19	
	д	Address	
	Miami, Fl. 33132		
	aparra@parra-cpa.com	City/State and Zip Code	
	E-mail address: (	to be used for future annual report noti	fication)
For further information of	concerning this matter, please c	all:	
Adalberto Parra, CPA		786 490-2500	
Name of Person		at () Area Code Daytim	e Telephone Number
Enclosed is a check for t	the following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed
<u>Mailing Addre</u> Registration		<u>Street Address:</u> Registration Se	ction
Division of Corporations		Division of Corporations	
P.O. Box 6327		The Centre of Tallahassee	

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

THE HOUSY GROUP, 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 07/08/2022 and assigned 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 adaress

## 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

, Florida

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>	Address	Type of Action
			□Add
			□ Remove
			□ Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			Change
			🗆 Add
			🗀 Remove
			□Change
			🗆 Add
			□Remove
			□Change

TH	IE OWNERSHIP OF	THE COMPANY IS AS FOLLOWS:	
	Julian Espinosa -	42.5%	
	Camilo Espinosa -	15%	
	Julio Gil -	30%	
	Alvaro Reyes -	12.5%	
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		<del></del>	
F (footive	data if ather than	the date of filing: (optional)	
(If an effecti Note: If	ive date is listed, the date the date inserted in thi	the date of filing:	107 (3 as th
he record s ord is filed		ective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the	16
Dated	July 13		<b>&amp;</b>
		Signature of a member or authorized representative of a member	1022
		Julian Espinosa	, 1022 JUL 14
		Typed or printed name of signee	_