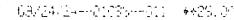
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(Re	equestor's Name)	
(Ac	idress)	
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(Ci	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
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(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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COVER LETTER

TO: Registration Section

Division of Corp	porations		
SUBJECT: Hox	use of Plann Name of Limi	ing LCC ited Liability Company	
	Amendment and fee(s) are submedence concerning this matter		
	Gise	Name of Person	
	Hous	Firm/Company	
	16637.5W	45 St Address	
	Hiami, FL Siselle	City/State and Zip Code Colon 18@9moil to be used for future annual report notif	2014 SEP 24 AH 10: 02 SECRETARY SEE SELECTION Greation
For further information c	oncerning this matter, please ca	•	(A S S S S S S S S S S S S S S S S S S S
Ciselle Name o	Color) f Person	at (305) 680-7 Area Code Daytime	2334 177 e Telephone Number
Enclosed is a check for the	ne 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)
Mailing Address Registration S Division of C P.O. Box 632 Tallahassee,	Section Corporations 17	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations Callahassee e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Segialco Lic	is an analysis and an analysis		
(Name of the Limited Liability Compan (A Florida Limited Li	ability Company)		
The Articles of Organization for this Limited Liability Company v	vere filed on <u>07/11/202</u>	2 and ass	signed
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil	ity company here:		
House of Planning LLC The new name must be distinguishable and contain the words "Limited Liability			
The new name must be distinguishable and contain the words "Limited Liabilit	y Company," the designation "LLC" or th	e abbreviation "L.	.L.C."
Enter new principal offices address, if applicable:	16637 SW 45 5	<u>+</u>	
(Principal office address MUST BE A STREET ADDRESS)	Miami, FL 33185	<u> </u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	16637 SW 45 9 Miami, FL 33189	<u>5</u>	
B. If amending the registered agent and/or registered office acagent and/or the new registered office address here: Name of New Registered Agent:	ddress on our records, enter the n	ame of the new $S_{2} = \frac{2}{2}$	w registered
		L SE	a -
New Registered Office Address:	Enter Florida street address	SEP 24 OREIARÁ	- d
	, Florida	- vZip Code	
New Registered Agent's Signature, if changing Registered Agent:	•	16. 05 20.01 20.01	megr ⁱ
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p	e to act in this capacity. I further performance of my duties, and I a	agrée to comp ım familiar wi	ply with the th 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>	Name	Address	Type of Action
MGR	Anette Leiton	13748 SW 169th Lane Hiami, FL 33177	⊠Add
		Miami, FL 33177	Remove
			□Change
			🗆 Add
			□Remove
			□Change
		(0) 	Add Add
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f an effe Note:	ive date, if o ective date is lis If the date ins ent's effective	sted, the date is serted in this	nust be specif block does	fic and ca	annot be pri	licable sta	of filing or	more than the sing require	00 days aft	tional) er filing.) P nis date wi	ursuant to 6 Il not be li	605,0207 isted as
record d is file	d specifies a ded.	lelayed effec	tive date, bu	it not ar	ı effective	e time, at	12:01 a.n	n. on the e	arlier of: ((b) The s	00th day a	fter the
ated _	Sept	remb	er 17	;	200	4		ラ				
			Signature	of a me	mber or au	thorized r	presentat	ve of a mer	nber	· <u></u> -		