## L22000462236

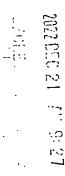
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## **COVER LETTER**

TO: Registration Section

Div	ision of Corp	porations				
	HRSB HOM	1ES LLC				
SUBJECT:		Name of Limi	ted Liability Company			
The enclosed	l Articles of a	Amendment and fee(s) are subr	nitted for filing.			
Please return	all correspo	ndence concerning this matter	to the following:			
		SANDRA M BUSTAMAN	TE			
			Name of Person	•	_	
			Firm/Company		_	
	6441 S CHICKASAW TRSTE 123			_	_	2022 0 20 21 111 5: 27
			Address		_ :	
		ORLANDO, FL 32829				2
			City/State and Zip Code		_	::
		jorgegomeze@hotmail.com E-mail address: (1	to be used for future annual report notif	ication)	-	: 27
For further i	nformation c	oncerning this matter, please ca	all:			
Jorge A Gor	mez		561 577-2032			
	Name o	f Person	Area Code Daytimo	Telephone Numb	er	
Enclosed is	a check for th	ne following amount:				
<b>≅</b> \$25.00 )	Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certific	Filing Fee cate of Sta ed Copy nal copy is e	atus &
Re Di P.0	egistration S vision of CO. Box 632 llahassee,	Section Corporations 27	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations 'allahassee e Street, Suite	810	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HRSB HOMES 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 10/26/2022 and	assigned
Florida document number L22000462236		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	d liability company here:	
The new name must be distinguishable and contain the words "Limite	d Liability Company," the designation "LLC" or the abbreviation	ı"L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	(SS)	
	20	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		:
	· ·	·
	D:	١
B. If amending the registered agent and/or registered eagent and/or the new registered office address here:	office address on our records, <u>enter the name of the</u>	'new regist
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	City Zip C	ode

## 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>	Address	Type of Action
MGR	HERNAN D RIOS	6441 S CHICKASAW TR STE 123	□Add
		Orlando, FL 32829	<b>■</b> Remove
			☐ Change
MGR	SANDRA M BUSTAMANTE	6441 S CHICKASAW TR STE 123	□Add
		Orlando, FL 32829	■Remove
			2622 Change
MGR	Hernan D Rios Suarez	8874 WINDSOR POINTE DR	Add
		ORLANDO FL 32829	☐Remove
			□ Change
MGR	Sandra Bustamante Mariscal	8874 WINDSOR POINTE DR	<b>=</b> Add
		ORLANDO FL 32829	Remove
			□Change
		<del></del>	□Add
			Remove
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			□Remove
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fective date, if other than the	date of filing:	ng or more than 90 days after filing.) Pursuant to 605
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cument's effective date on the D	epartment of State's records.	
ecord specifies a delayed effectivis is filed.	re date, but not an effective time, at 12:0	l a.m. on the earlier of: (b) The 90th day afte
is med.		
Decmeber 9	2022	
		. \ \ \ d
	Signature of a member of authorized represe	entative of a member

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