## 111000510053

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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02/13/24--01022--004 \*\*25.00



February 7, 2024

Florida Department of State

Dear Officer:

Note that this cover letter is to provide the contact information as required:

Member name: Adrian Perez

Day Time telephone number: 786-213-0554

Return Address: 8414 NW 26th Street, Sunrise, FL 33322

Please note that attached is a check for 25.00 dollars of filing fees.

Sincerely, Adrian Perez

## **COVER LETTER**

TO: Registration S Division of Co			
	BY US, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
	f Amendment and fee(s) are sub	_	
Please return all corresp	ondence concerning this matter	to the following:	
	Adrian Perez		
		Name of Person	
	HAUSS BY US, LLC		
		Firm/Company	
	8414 NW 26th Street		
		Address	
	Sunrise, FL 33322		
		City/State and Zip Code	
	adrianpmcu23@gmail.com	to be used for future annual report notif	ingtion
For further information	concerning this matter, please ca	·	reactions
adn.	an Perth	+1 7862130554 at ( )	
Name	of Person	at () 7862130554 Area Code Daytime	Telephone Number
Enclosed is a check for			
■ \$25.00 Filing Fee	S30.00 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)
<u>Mailing Addre</u>	<u>:ss:</u>	Street Address:	
Registration		Registration Sec	
P O Box 63	•	Division of Corp	

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

HAUSS BY US, 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 12/05/2022 and assigned Florida document number 1.22000510053 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 "LLC." 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 address \_. Florida \_

## 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.

Cinv

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
VP	Lien Cruz Dominguez	8414 NW 26th Street, sunrise FL 33322	<b>=</b> Add
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		12/12/2023			
fective date, if other than effective date is listed, the d	ate must be specific and	I cannot be prior to da	ate of filing or more than	(optional) 190 days after filing.) Pe	arsuant to 605.020
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ecord specifies a delayed e	ffective date, but not	an effective time,	at 12:01 a.m. on the	earlier of: (b) The 9	0th day after the
is filed.					<b>,</b>
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		Del	d representative of a mo		
		1111111			
	Signature of a r	Perky Typed or printed na	d representative of a mo	ember	

Filing Fee: \$25.00