30000 63368 3000066

(Requestor's Name)	-
	_
(Address)	
(Address)	_
(Address)	
(City/State/Zip/Phone #1	-
(Stry States Liph Notice 1)	
PICK-UP WAIT MAIL	
(Business Entity Name)	-
(Document Number)	_
: Copies Certificates of Status	
	7
al Instructions to Filing Officer:	i
	l
	ŀ
	١
	ĺ
	ĺ
	ļ
	Ì
	4

Office Use Only



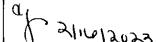
800402667958

ZOZBEBITS ANIO: C

02/15/23--01002--012 ++25.00

DIRECTORY TERICE SKATIONS

PECEIVED



COVER LETTER

TO: Registration S Division of Co			
HUSAL F	INANCIAL SERVICES, LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sul	bmitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Berenica Ipia-Feliciano		
		Name of Person	
	Prats Fernandez & Co PA		
		Firm/Company	
	999 Ponce de Leon Blvd.	Stc. 1110PH	
		Address	
	Coral Gables, FL 33134		
	<u> </u>	City/State and Zip Code	·· ·
	admin@pratsfernandez.com		Office days and the second
For further information of	e-mail address: (concerning this matter, please c	to be used for future annual report not all:	illication)
Berenice (pia-Feliciano		305 444 8333	
Name o	f Person	at ()	ne Telephone Number
Enclosed is a check for the	he following amount:		
\$25.00 Filing Fee	S30.00 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 Addres Registration S	Section	Street Address: Registration Se	
Division of C P.O. Box 632	-	Division of Co The Centre of	•
Tallahassee, I			e Street, Suite 810

Tallahassee, FL 32303

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

2023 FEB 15 AH 10: 05

HUSAL FINANCIAL SERVICES, LLC

inears on our records.) IALLATTASSIE, F.
1 02/03/2023 and assigned
<u>v here</u> :
the designation "LLC" or the abbreviation "L.L.C."
5 STREET
IAMI, FL 33168
of OTD LIST
5 STREET
IAMI, FL 33168
ur records, enter the name of the new registered
· · · · · · · · · · · · · · · · · · ·
Florida street address
Florida
Zip Code

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 1 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	HERIMAR D UTRERA BLANCO	440 NW 125TH STREET	
		NORTH MIAMI, FL 33168	□Remove
			€Change
			□Add
			□Reinove
			□Change
			🗆 Add
			□Remove
			□Change
			DAdd
			□ Remove
			DChange
			🗆 Add
			□Remove
			□Change
			DAdd
			□Remove
			□ Change

				
				
				
				
				
				
		-		
				
				
	- <u> </u>			
				
			<u> </u>	
Tective date, if other than the data an effective date is listed, the date must be ofer. If the date inserted in this block becament's effective date on the Department.	nte of filing: e specific and cannot be price k does not meet the appliertment of State's records	r to date of liting or more cable statutory filing r	(optional than 90 days after filir equirements, this da	l) g.) Pursuant to 605,0207 e will not be listed as
ecord specifies a delayed effective disfiled.	ate, but not an effective t	ime, at 12:01 a.m. on	the earlier of, (b)	he 90th day after the
ted February 13	2023			
	nature of a mumber or auth			

. . .