123000254772

(Requestor's Name)
(Address)
(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
(Address)
(City/State/Zip/Phone #)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
J. HOD
DOT
J. HORNE DCT 20 2023
2023

Office Use Only



09/05/23--01027--023 **25.00

23 0CT -3 1111: 15 ;



FLORIDA DEPARTMENT OF STATE Division of Corporations

September 21, 2023

Ľ.

BRUCE H. VANDERLAAN 1500 ROYAL PALM SQUARE BOULEVARD SUITE 101 FORT MYERS, FL 33919 US

SUBJECT: HOUSE OF EXTE USA, LLC Ref. Number: L23000254772

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

PLEASE CHECK WHICH TYPE OF ACTION YOU WOULD LIKE TO MAKE FOR THE MANAGER.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Jasmine N Horne Regulatory Specialist II

Letter Number: 623A00021874

E I Q J 2023

www.sunbiz.org

TO;	Registration Se Division of Cor	ction. porations		
		EXTE USA. LLC		
SUBJI	ECI:	Name of Limi	ited Liability Company	
The en	closed Articles of	Amendment and fec(s) are sub-	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		BRUCE H. VANDERLAA	.N	
			Name of Person	
		BRUCE H. VANDERLAA	N, ATTORNEY AT LAW, PA	
			Firm/Company	
		1500 ROYAL PALM SQU	ARE BOULEVARD, SUITE 101	
			Address	
		FORT MYERS, FL 33919		
•			City/State and Zip Code	
		BRUCE@BRUCEVANDE		
			to be used for future annual report notif	ication)
For fur	ther information c	oncerning this matter, please ci	111:	
BRUC	E VANDERLAA	N	239 220-3326	
	Name o	f Person	Area Code Daytime	Prelephone Number
Enclos	ed is a check for th	ne following amount:		
E <u>\$2</u>	5.00 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 Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

.

•

· •

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

	AMENDMENT O ORGANIZATION OF		
ARTICLES OF	AMENDMENT		
—	0		
	DRGANIZATION		
U)F		
HOUSE OF EXTE USA, LLC			
(Name of the Limited Liability Compt (A Florida Limited	inv as it now appears on our records.)		
(A Florida Limited	Liability Company)		
The Articles of Organization for this Limited Liability Company	were filed on MAY 20, 2023 and assigned		
Florida document number L23000254772	· _ ·		
This amendment is submitted to amend the following:			
A. If amending name, <u>enter the new name of the limited liab</u>	<u>ility company here</u> :		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	5306 WHITE OAK LANE		
(Principal office address MUST BE A STREET ADDRESS)	TAMARAC, FL 33319		
· · · · · · · · · · · · · · · · · · ·			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)	·-···		
<u> </u>			
B. If amending the registered agent and/or registered office :	address on our records, enter the name of the new register		
agent and/or the new registered office address here:	· · · · · · · · · · · · · · · · ·		
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
	Classida		
— <u> </u>	, Florida City Zip Code		
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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> being added <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

.

.

<u>Title</u>	Name	Address	Type of Action
AMBR	Silvio Serrano	1500 Royal Palm Square Blvd	🖬 Add
		Ste 102	🗆 Remove
		Fort Myers, FL 33919	Change
			🗆 Add
			🗆 Remove
		·······	□Change
			🗆 Add
			🗆 Remove
		<u> </u>	□Change
			🖸 Add
			🗆 Remove
			Change
			🗆 Add
		<u> </u>	Change
			CRemove
			Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

(optional)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

AUGUST 9	2023	
Dated	Www.	
	Signature of a member or authorized representative of a member	-
RAFAEL	GOMEZ MUNOZ. Typed or printed name of signee	-