

L23000254772

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

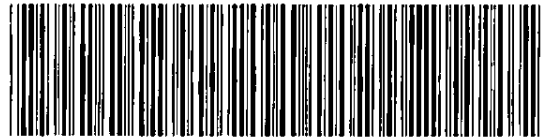
(Document Number)

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J. HORNE  
OCT 20 2023

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23 OCT -3 AM 11:15



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 21, 2023

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

SEP 21 2023

## COVER LETTER

TO: Registration Section,  
Division of Corporations

SUBJECT: HOUSE OF EXTE USA, LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

BRUCE H. VANDERLAAN

\_\_\_\_\_  
Name of Person

BRUCE H. VANDERLAAN, ATTORNEY AT LAW, PA

\_\_\_\_\_  
Firm/Company

1500 ROYAL PALM SQUARE BOULEVARD, SUITE 101

\_\_\_\_\_  
Address

FORT MYERS, FL 33919

\_\_\_\_\_  
City/State and Zip Code

BRUCE@BRUCEVANDERLAAN.COM

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BRUCE VANDERLAAN

239 220-3326  
at ( )

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

23 OCT -3 AM 11:15

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

**If Changing Registered Agent, Signature of New Registered Agent**

**MGR = Manager**  
**AMBR = Authorized Member**


**AMBR = Authorized Member**

[illegible]

[illegible]

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.

GUST 9



Signature of a member or authorized representative of a member

RAFAEL GOMEZ MUNOZ

Typed or printed name of signee