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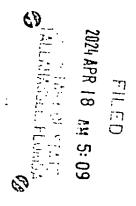
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COVER LETTER

HAUS FLI	PPING LLC					
SUBJECT: Name of Limited Liability Company						
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.				
Please return all correspo	ndence concerning this matter	to the following:				
	DAVID PHAM					
		Name of Person	· · · · · · · · · · · · · · · · · · ·			
	HAUS FLIPPING LLC					
		Firm/Company				
	4411 BEE RIDGE RD, #6	33				
		Address				
	SARASOTA, FL 34233					
	EMILYKVU@GMAIL.CO	City/State and Zip Code				
	E-mail address: (to be used for future annual report noti-	fication)			
For further information co	oncerning this matter, please c	all:				
DAVID PHAM		941 928-0368 at()				
Name of	f Person		e Telephone Number			
Enclosed is a check for th	e following amount:					
■ \$25.00 Filing Fee	☐ \$30.00 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) 			

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HAUS FLIPPING LLC			
(<u>Name of the Limited Liability Company</u> (A Florida Limited Liab	as it now appears on our records.) oility Company)		
The Articles of Organization for this Limited Liability Company we	ere filed on SEPTEMBER 28, 2023	and assigned	
lorida document number L23000449942			
his amendment is submitted to amend the following:			
. If amending name, enter the new name of the limited liabilit	v company here:		
CASAVUE LLC			
he new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or the abb	reviation "L.L.C."	
Inter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRESS)			
	69		
	2.	202	
nter new mailing address, if applicable:	emin Garage	A	
Mailing address MAY BE A POST OFFICE BOX)		2 7	
rading dadress MAT BE A POST OFFICE BOX)	1 (1)	- 6	
-		<u> </u>	
If amonding the registered agent and/or registered office and	S	ွင့္မာ	
. If amending the registered agent and/or registered office add gent and/or the new registered office address here:		of the new regis	
	69.	_	
Name of New Registered Agent:			
•			
New Registered Office Address:	Enter Florida street address		
	thier riorida street address		
	, 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 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>	Name	Address	Type of Action
			□ Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change
			□ Add
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			□ Change
			□Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. 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. Dated ___ David plan
Signature of a member or authorized representative of a member DAVID PHAM Typed or printed name of signee

Filing Fee: \$25.00