

4/17/24, 2:08 PM

Division of Corporations

L240001402803181

Florida Department of State
Division of Corporations
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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
HOUTYN LLC**

Certificate of Status	0
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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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T. LEMIEUX

Electronic Filing Menu

Corporate Filing Menu

Help APR 18 2024

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

HOUTYN 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 03/25/2024 and assigned Florida document number L24000143181.

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 "L.L.C."

Enter new principal offices address, if applicable:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A

(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:

N/A

New Registered Office Address:

Enter Florida 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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
--------------	-------------	----------------	-----------------------

MGR	MARIA LAURA GUTIERREZ	11501 NW 77TH ST, DORAL, FL 33178	<input type="checkbox"/> Add
-----	-----------------------	-----------------------------------	------------------------------

Remove

Change

MGR	EDWARD GUTIERREZ REYES	11501 NW 77TH ST, DORAL FL 33178	<input type="checkbox"/> Add
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Remove

Change

Add

Remove

Change

Add

Remove

Change

Add

Remove

Change

Add

Remove

Change

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

NONE


E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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 APRIL 17 2024


Signature of a member or authorized representative of a member

EDWARD GUTIERREZ REYES
Typed or printed name of signer