L24000270041

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

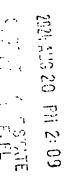
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8/23/24



COVER LETTER

TO: Registration So Division of Cor		
	HOUSE INVESTMENTS LLC	
SUBJECT:	Name of Lim	nited Liability Company
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.
Please return all correspo	ondence concerning this matter	to the following:
	SILVIA VILA	
		Name of Person
	ELAN BUSINESS SERVI	ICES. CORP
Firm/Company		Firm/Company
	1116 CEDAR FALLS DR	
		Address
	WESTON, FL 33327	
		City/State and Zip Code
	SVILA@ELANSERVICE.	COM (to be used for future annual report notification)
For further information of	concerning this matter, please c	·
SILVIA VILA		954 217-6080 at ()
Name o	of Person	Area Code Daytime Telephone Number
Enclosed is a check for the	he following amount:	
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & S60.00 Filing Fee, Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address:		Street Address:
Registration Section		Registration Section
Division of Corporations P.O. Box 6327		Division of Corporations The Centre of Tallahassee
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

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

CASFER HOUSE INVESTMENTS LLC	C	
(<u>Name of the Limited Li</u> (A F	ability Company as it now appears on o lorida Limited Liability Company)	ur records.)
The Articles of Organization for this Limited Liabili Florida document number <u>L24000270041</u>		24 and assigned
This amendment is submitted to amend the followin	g:	
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 designa	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	: 	
Principal office address MUST BE A STREET A	DDRESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX	0	_
•		
B. If amending the registered agent and/or regist agent and/or the new registered office address he		s, enter the name of the new registo
Name of New Registered Agent:		
New Registered Office Address:		
<u>-</u>	Enter Florida str	eet 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 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
P	CASTILLO ARIZA, MARTHA N	4627 RHYTHM RD	□Add
		KISSIMMEE, FL 34746	□Remove
			Change
VP	FERRO RODRIGUEZ, JUSTO	4627 RHYTHM RD	□Add
		KISSIMMEE, FL 34746	□Remove
			Change
MGRM	CASTILLO ARIZA, MARTHA N	4627 RHYTHM RD	≣Add
		KISSIMMEE, FL 34746	□ Remove
			□Change
MGRM	FERRO RODRIGUEZ, JUSTO	4627 RHYTHM RD	= Add
		KISSIMMEE, FL 34746	□Remove
		-t	□ Change
			□Add
			Remove Change Add Remove
			☐ □ Kemove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: 08/12/2024 _ (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: 1 record is filed. टिंड Dated _ AUGUST 12 2024 Signature of a member or authorized representative of a member MARTHA N CASTILLO ARIZA

Typed or printed name of signee