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## **COVER LETTER**

TO:

Tallahassee, FL 32314

TO: Registration So Division of Co			
US HOUS	ING DEVELOPMENT GROU	PLLC	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Camilo Espinosa		
		Name of Person	
	Loigica P.A.		
		Firm/Company	
	40 SW 13th Street Suite 10	02	
		Address	
	Miami Florida 33130		
		City/State and Zip Code	
	corporate@loigica.com	to be used for future annual report noti	(fication)
For further information c	concerning this matter, please ca		TK LEADLY
Camilo Espinosa		786 2929704	
Name c	of Person	at () Area Code Daytim	e Telephone Number
Enclosed is a check for t	he 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 Addres		<u>Street Address:</u> Registration Se	etion
Registration Division of C		Division of Cor	
P.O. Box 632		The Centre of T	Fallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

US HOUSING DEVELOPMENT GROUP LLC		
( <u>Name of the Limited Liability Co</u> (A Florida Lin	ompany as it now appears on our record nited Liability Company)	<u>v.</u> )
The Articles of Organization for this Limited Liability Completion of Complete Liability	pany were filed on 06/17/2024	and assigned
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	
Enter new principal offices address, if applicable:		24 NOV
Principal office address MUST BE A STREET ADDRES.	<u> </u>	NOV 26
Enter new mailing address, if applicable:		Fig. <b>3.</b> 5
Mailing address MAY BE A POST OFFICE BOX)		<b>5</b>
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	fice address on our records, <u>enter</u>	the name of the new registe
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addres.	
	121.	
	Circ	orida 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
MGR	GIOVANNY A. NINO	40 SW 13th Street Suite 501	□Add
		Miami Florida 33130	□Remove
			■Change
			□Add
			□Remove
		<del> </del>	□Change
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fective date, if other than the on effective date is listed, the date must ote: If the date inserted in this blocument's effective date on the De	be specific and cannot be prior to d ck does not meet the applicable	ate of filing or more than 90 da statutory filing requiremen	ys after filing.) Pursuant to 605.0207
ecord specifies a delayed effective is filed.	date, but not an effective time,	at 12:01 a.m. on the earlier	of: (b) The 90th day after the
November 19	2024		
(	2) 19UCMT NiW Signature of a member or authorize	'J	
	0)10001111 10110		

Filing Fee: \$25.00