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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : GLOBAL SUCCESS INVESTMENTS LLC

Account Number : I20200000016 : (954)903-4036 Phone

Fax Number : (954)246-0340

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

mail	Address:	
	Muui Caa	

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN HS INVESTMENTS MAGIC HOUSES LLCG

C C.	
Certificate of Status	
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Page Count	01
Estimated Charge	\$25.00

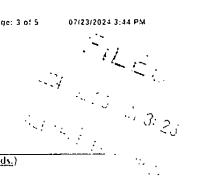
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Help

K. SALY JUL 24 2024



ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



HS INVESTMENTS MAGIC HOUSES LLCG

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

(A Florida Li	imited Liability Company)	• •
The Articles of Organization for this Limited Liability Con Florida document number <u>L24000299650</u>	mpany were filed on $\frac{07/08/202}{}$.	4 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	d liability company here:	
HS INVESTMENTS MAGIC HOUSES LLC		
The new name must be distinguishable and contain the words "Linnted	d Liability Company," the designati-	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	48-8-10-01	
(Principal office address MUST BE A STREET ADDRE.	<u>SS)</u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered o agent and/or the new registered office address here:	office address on our records	enter the name of the new registere
Name of New Registered Agent:	na - m na avere	
New Registered Office Address:	Enter Florida stree	r address
		Florida
	Cip	, Florida
New Registered Agent's Signature, if changing Registered A	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.

From: Nathaly Cuartas Fax: 19542460340

To: Agent Amnd Florida

Fax: (850) 617-6383

Page: 4 of 5

07/23/2024 3:44 PM

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	EDIXON HUERTAS	12555 ORANGE DRSUITE 265	■Add
		DAVIE, FL 33336	
			□Change
MGR	PAOLA SALAZAR	12555 ORANGE DRSUITE 265	≣ Add
		DAVIE,FL.33330	□Remove
			\ \ \ \ \
			— ☐ Xād — —
			☐ Remove
			□Chan gè
			□Change
			□Add
			□ □Remove
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			□Remove
			Chance

Filing Fee: \$25.00