L15000 200754

| (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: |
| |
| |
| |

Office Use Only



300288269533

07/28/16--01027--019 **30.00

TALLAHASSEE, FLORIDA

AUG 0 1 2016 S. YOUNG

COVER LETTER

| | Registration Sec Division of Corp | | | | |
|---------------|--------------------------------------|---|---|--|--------------------|
| SUBJEC | HNOLA LL | .c | | | |
| SUDJEC | -1 | Name of Lim | ited Liability Company | . | |
| The encl | osed Articles of | Amendment and fee(s) are sub | mitted for filing | | |
| | | | _ | | |
| Please re | num all correspoi | ndence concerning this matter | to the following: | | |
| | | ABRAHAM ZIADEH | | | |
| | | | Name of Person | | |
| | | ABRAHAM ZIADEH CP. | A PA | | |
| | | | Firm/Company | | |
| | | 9000 SHERIDAN STREET #104 | | | 1 ASS |
| | | | Address | · - · · · · · · · · · · · · · · · · · · | 5 上流 |
| | | PEMBROKE PINES, FL 33024 | | | 16 JUL 28 PM 2: 03 |
| | | | City/State and Zip Code | | 8 P. F. |
| | | abraham@ziadehcpa.com | | | 2 |
| | | | to be used for future annual report notifi | cation) | PM 2: 03 |
| For furth | ner information co | oncerning this matter, please co | all: | | , |
| ABRAF | IAM ZIADEH | | 954 651-1410 at () | | |
| | Name of | Person | | Telephone Number | _ |
| Enclosed | i 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 F Certificate of S Certified Copy (additional copy is | Status & |
| | Registra Divisio P.O. Bo | ING ADDRESS: ation Section n of Corporations ox 6327 ssee, FL 32314 | STREET/COURING Registration Section Division of Corpora Clifton Building 2661 Executive Cer Tallahassee, FL 323 | n ations ater Circle | |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| HNOLA LLC | | |
|--|---|----------------------|
| (<u>Name of the Limited Liability Comp</u> (A Florida Limited | pany as it now appears on our records.) I Liability Company) | |
| The Articles of Organization for this Limited Liability Compan Florida document number $\frac{L15000200754}{L15000200754}$ | y were filed on 12/01/2015 | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited lia | bility company here: | |
| The new name must be distinguishable and contain the words "Limited Liab | bility Company," the designation "LLC" or the al | obreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET ADDRESS) | | 5 (F) |
| | | 28 SS |
| Enter new mailing address, if applicable: | | P THE |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| <u> </u> | | 2: 03 |
| B. If amending the registered agent and/or registered registered agent and/or the new registered office address he | | the name of the new |
| Name of New Registered Agent: | | |
| New Registered Office Address: | Enter Florida street address | |
| | | |
| | , Florida | Zip Code |
| | City | z ір Соае |

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> | Address | Type of Action |
|--------------|------------------------|------------------------|---------------------------|
| MGR | HUMBERTO GOMES DO AMAR | 244 BISCAYNE BLVD #450 | |
| | | MIAMI, FL 33132 | ■ Remove |
| | | | Change |
| | | | □ Add |
| | | | □ Remove |
| | | | □ Change |
| | | | 6 Add AHASSTE Refflore |
| | | | 그 일본 |
| | | | ☐ Change Call |
| | | | □ Remove |
| | | | ☐ Change |
| | | | Add |
| | | | ☐ Remove |
| | | | ☐ Change |
| | | | □ Add |
| | | | ☐ Remove |
| | | | □ Change |

| | 9 | | | | | | |
|-----------------|--------------------------------|---------------------------------------|-------------------|-------------------|------------------|----------------------|----------------|
| <u> </u> | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| • | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | <u></u> | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| - | | | | | *** | | |
| | | | | | | | <u> </u> |
| | | | | | | | 6 |
| | - ·· | | | | | | JUL 28 |
| | | | | | | | <u>'' ''</u> |
| | | | | | | | |
| | | | | | | <u> </u> | PN 2: 04 |
| | | | | | | | Ü |
| | | | | | | | -5 |
| | | · · · · · · · · · · · · · · · · · · · | | | | | |
| | | | | | | | |
| Faatina dat | te, if other than the d | ata of filings | • • | | | optional) | |
| in effective d | ate is listed, the date must b | e specific and canno | ot be prior to da | te of filing or m | ore than 90 days | after filing.) Pursu | ant to 605.020 |
| | date inserted in this bloc | | | statutory filin | g requirements | , this date will n | ot be listed a |
| cument's e | ffective date on the Dep | artment of State's | s records. | | | | |
| | | | | | | | |
| | pecifies a delayed | | , but not ar | effective t | ime, at 12: | 01 a.m. on th | ne earlier o |
| The 90th | day after the recor | d is filed. | | | | | |
| | , | | | | | | |
| ated | 7/11 | , <u> </u> | 2016 | | | | |
| ··· | | · | · | | | | |
| | | | | | | | |
| | | gnature of a memb | or or outhorize | l rantacentative | of a mumber | | |

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00