

L060000 55744

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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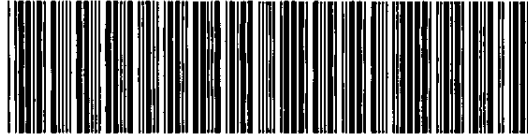
(Business Entity Name)

(Document Number)

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J. G. Silvers APR 15 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: THEHOMENAG WEST PALM BEACH FLORIDA LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Campbell H. Mastin
Name of Person

THEHOMENAG - PALM BEACH FLORIDA LLC
Firm/Company

301 CLEMATIS ST, STE 203
Address

West PALM BEACH, FL 33401
City/State and Zip Code

denise Fazio @ THEHOMENAG.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Denise Marciano
Name of Person

at (561) 653-8133
Area Code Daytime Telephone Number

Enclosed is a check for the 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 ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

TO
ARTICLES OF ORGANIZATION
OF

THEHOMENAG - WEST PALM BEACH FLORIDA 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 06-12-2006 and assigned Florida document number L06000059744.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

THEHOMENAG - PALM BEACH FLORIDA LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

301 Clematis ST,
Suite 203
West Palm Beach, FL 33401

Enter new mailing address, if applicable:

(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:

Flat Rock Enterprises Inc

New Registered Office Address:

301 Clematis ST, STE 203

Enter Florida street address

West Palm Beach

City

Florida

Zip Code

33401

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.

[Signature]
If Changing Registered Agent, Signature of New Registered Agent

PRESIDENT FOR FLAT ROCK ENTERPRISES

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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>
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MGR	THE HONENAG HOLDING LLC THE HONENAG HOLDINGS COLLE	1732 S.E 47th Terrace Cape Coral, FL 33904	☐ Add ☒ Remove
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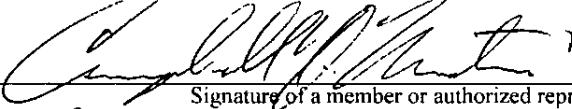
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E. Effective date, if other than the date of filing: _____ (optional)
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 02-25-2015, _____



Signature of a member or authorized representative of a member
Campbell H Martin - TAX MATTERS MANAGER

Typed or printed name of signee

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15 MAR 24 PM 3:38
STATE OF FLORIDA
DEPARTMENT OF REVENUE