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(R	tequestor's Name)	
(A	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phone	÷#)
PICK-UP	WAIT	MAIL
(E	Business Entity Nan	ne)
<u>(</u> [Occument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	o Filing Officer:	

Office Use Only



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05/30/17--01035--016 **25.00



COVER LETTER

Division of Co			
SUBJECT: _ AD	HONES 1, LL	c	
	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	ALE	XIS REGIO	
		Name of Person	
	As How	Firm/Company	
	13360 5	W 1 St. Street	2 1.
		Address	
	- Hani	FL. 33184 City/State and Zip Code	
	E-mail address: (1	KLA HORANOTUC o be used for future arihual report notific	CON (CON)
For further information co	ncerning this matter, please ca	d):	
Al air	DEL.	701 812	1201
Name of	M-CQC Person	at (786) 863	Telephone Number
2.			
Enclosed is a check for the	following amount:		
\$25.00 Filing Fee	S30.00 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 Tailahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AD HON	1F5 1, LLC	-	
(Name of the Limited Lie (A F)	ability Company as it now agnears on our records.) orida Limited Liability Company)		
The Articles of Organization for this Limited Liability	ty Company were filed on 3/30/201	2 and assigned	
This amendment is submitted to amend the following	ÿ.		
A. If amending name, enter the new name of the	limited liability company bere:		
The new name must be distinguishable and contain the words	Limited Liability Company," the designation "LLC" or the a	bbreviation "L.L.C."	-
Enter new principal offices address, if applicable:		·	
(Principal office address MUST BE A STREET AD	DRESSI		-
Enter new mailing address, if applicable:			-
(Mailing address MAY BE A POST OFFICE BOX)			-
B. If amending the registered agent and/or re registered agent and/or the new registered office a		the name of the r	<u>1ew</u>
Name of New Registered Agent:		- <u>888</u> 3	tele regime Continu
New Registered Office Address:			oli Sitterage
	Enter Florida street address		i II f
	, Florida	Zin Foods	فرين. ۵
	City	CIKE YELL	

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 = M $AMBR = A$	lanager authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
Mary	DAISY HERNANDEZ	13121 5W 1351 #41A MOUI, FL . 25145	Œ Add
	·	May + 1.35/45	☐ Remove
			Change
	easy company and the second se		
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	TO A
	Sign D
	A A
	02 A
ective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date of filing: If the date inserted in this block does not meet the applicable statute ament's effective date on the Department of State's records. record specifies a delayed effective date, but not an effective 90th day after the record is filed.	ling or more than 90 days after filing.) Pursuant to 605.0207 ory filing requirements, this date will not be listed as t
5/4- 2017-	
$\frac{1}{2}$ ed $\frac{1}{2}$ $\frac{1}{2}$ $\frac{1}{2}$	
	entative of a member
Signature of a member of authorized representations	

Filing Fee: \$25.00