## 43000050937

(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



100296681901

03/20/17--01041--018 \*\*25.00

SECRETARY OF STATE ALLAHASSEE, FLORIDA

D. BRUCE MAR 22 2017

## **COVER LETTER**

Division of Corp			
D HO INVE	ESTMENTS LLC		
	Name of Limited Liability Company	-	
The enclosed Articles of A	Amendment and fee(s) are submitted for filing.		
Please return all correspon	dence concerning this matter to the following:		
	HO BUI		
	Name of Person	_	
	Firm/Company	_	
	7613 SHORE ACRES STREET		
	Address		
	WESLEY CHAPEL, FL 33545	2011 -	٠,
	City/State and Zip Code	THE C	!!!
	E-mail address: (to be used for future annual report notification)	m	П
For further information con	ncerning this matter, please call:		j
jASON iNG	727 488-6255 at ()	3 26 TAFE ORIDA	
Name of	Person Area Code Daytime Telephone Number	er , .	
Enclosed is a check for the	following amount:		
■ \$25.00 Filing Fee	(additional copy is enclosed) Certifie	Filing Fee, cate of Status & ed Copy nal 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

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

w appears on our records.) mpany)
i on 04/08/2013 and assigned
pany here:
y," the designation "LLC" or the abbreviation "L.L.C."
ASE O
MAR 20 RETAR AHASS
AR SSS
RID 2
ess on our records; enter the name of the no
nter Florida street address
, Florida

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
MGRM	DINH LE JR.	30400 ANNANDALE DR, WESLI	■ Add
			□ Remove
			Change
			D Add
			☐ Remove
			☐ Change
			Add
			ALL AHASSEE
			Change RAI W Add
			□ Remove
			☐ Change
			Add
			Remove
			Change
			Add
			☐ Remove
			Change

	<del> </del>	<del></del>		
<del></del>		, <u>, , , , , , , , , , , , , , , , , , </u>	•	
***				
	<u>, _</u>			
		·	Žu 2	<del></del>
			<u> </u>	73
			A SECTION AND A	
			TARY ASSE	
			<u> </u>	
			FLO	َ سُ
			ASE.	2
			<u> </u>	
. Effective date, if other than the date (If an effective date is listed, the date must be s	e of filing:	dote of filing or more than	(optional)	unt to 605 0207 i
Note: If the date inserted in this block of	loes not meet the applical	ole statutory filing requi	rements, this date will no	ot be listed as t
document's effective date on the Depart	ment of State's records.			
the record specifies a delayed eff b) The 90th day after the record	ective date, but not is filed.	an effective time, a	at 12:01 a.m. on th	e earlier of:
sy The Sour day after the Toesia		,		
Dated MARCH 16TH	2017			
Dated			<b></b>	
		11/2-1		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00