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Certified Copies	Certificates	of Status
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SECRETARY OF STATE

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COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT:

HNO PROPERTIES 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:

OVED ASHKENAZI

Name of Person

HNO PROPERTIES LLC

Firm/Company

2923 N 35TH TERRACE

Address

HOLLYWOOD, FL 33021

City/State and Zip Code

HNOPROPERTIES@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

OVED ASHKENAZI

₃₇484 5**47-302**0

Name of Person

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
Clitton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	OF	FIL 2013 NOV 22 SECRETARY TALLAHASSE
HNO PROPERTIES LLC		器 看 可
	iability Company as it now appears on our records.)	- 122 F
(A F	lorida Limited Liability Company)	Se N
	11/06/2012	and assigned
The Articles of Organization for this Limited Lia	bility Company were filed on 11/06/2013	and assigned
Florida document number L13000156350	·	11.35 ORNO
)
This amendment is submitted to amend the follow	ving;	
A. If amending name, enter the new name of t	he limited liability company here:	
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 applical	ole:	
(Principal office address MUST BE A STREET		
Enter new mailing address, if applicable:		
3 11		
(Mailing address MAY BE A POST OFFICE B	<u> </u>	
	F*	
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 offi	ce address here:	
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address.	Enter Florida street ac	dress
	, Florida _	Zip Code
	City	zip Coae

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 608, 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 the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

•

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	NISSIM LEVI	3291 N 37TH ST	🚺 Add
		HOLLYWOOD, FL 3302	1 Remove
MGRM	HAIM DAYAN	4101 JOHNSON ST HOLLYWOOD, FL 33009	
			Add Remove
		TACHE AND	Remove
		SSEE. FLOTION	22 PH 135 Remove
			Add Remove

D. If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Dated	11.20.13
	Signature of a member or authorized representative of a member
	oved Ashkenazi
	Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00

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SECRETARY OF STATE