LIYOOGIOY

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bi	isiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
		<u>-</u> .

Office Use Only



800268695968

B2/03/15--01002--022 ******50.00



FEB 1 7 2015 S. YOUNG

COVER LETTER

TO: Registration Division of C				
SUBJECT: H	a-Koon Qualit Name of Lin	y Cus tome Cove		
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.		
Please return all corres	oondence concerning this matter	to the following:		
	ERICA	Wash Mame of Person		
		Firm/Company		
	13234 Pike	IAKE DY		्र ज
	Rivericu	Address Address City/State and Zip Code	, 	120mm F1LE 120mm F1LE
	<u>AlCh Wov H</u> E-mail address: (to be used for future annual report noti	fication)	9 S # 2
For further information	concerning this matter, please c	all:	,	
<u>Ence</u> Name	of Person	at (<u>813</u>) <u>59</u> Area Code Daytim	2. 9154 e 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)	Gentificate of S Certificate of S Certified Copy (additional copy i	Status &

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 TO ARTICLES OF ORGANIZATION OF

Ho-Koon Qua	Listing Custonlev d Liability Company as it now apper A Florida Limited Liability Company	Care LLC ears on our records.)	
The Articles of Organization for this Limited Lie Florida document number <u>L14000</u> 61 \times		4/14/2014	and assigned
This amendment is submitted to amend the follo	wing:		
A. If amending name, enter the new name of		<u>here</u> :	
The new name must be distinguishable and end with the v	rords "Limited Liability Company," the	Lone designation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applica	ible:	ر بست. د بوده د بوده	<u>a</u>
(Principal office address MUST BE A STREET	T ADDRESS)	- E	FB +9
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE E	<u></u>		₹ 1 2
B. If amending the registered agent and/oregistered agent and/or the new registered off		on our records, <u>enter th</u>	e name of the new
Name of New Registered Agent:	Erica Wo.	thy	
New Registered Office Address:	Enter Fl	orida street address	
		, Florida	
	City		Zip Code

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 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 Title Name **Address Type of Action** Bobette Woods MCL □ Add Remove MCK Darrell Ho-Koon Remove □ Add Remove MER EricA Worthy □ Remove _;; _;; ÷. MCE □ Add ☐ Remove MCR Toinette Curry □ Remove Ambr DARRELL HO-KOON Add □ Remove

·	•						
							
The effective date m	ust be specific, ca	he date of filing: annot be prior to date of recei Florida Department of State	pt or filed date and	d cannot be mo	(optiona re than 90 days afte	al) r	
Dated	9	,	 /	fam	. ·		
	Exica .	Signature of a member of the Signature of a member of the Signature of a member of the Signature of the Signature of a member of the Signature of the Signature of a member of the Signature	r authorized repre	nette	Gurry		
						TALLY SACRE	1 -1
						1117	rd or dr

Page 3 of 3

四年29

Filing Fee: \$25.00