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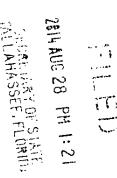
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KSALY EXXIMER AUG 29 2014



FLORIDA DEPARTMENT OF STATE Division of Corporations

August 19, 2014

KYLE HOI-PONG 18331 PINES BLVD. #113 PEMBROKE PINES, FL 33029

SUBJECT: HOIPONG ENTERPRISES LLC

Ref. Number: L14000116603

We have received your document for HOIPONG ENTERPRISES LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 414A00017858

Barbara Bostick Regulatory Specialist II

www.sunbiz.org

From: Lana Logan ,	Fax: (866) 411-2116 To: Fax: +1 (850) 245-6030 Page 2 of 6 08/29/2014 11 56 COVER LETTER
TO: Reg Divi SUBJECT:	Astration Section usion of Corporations Hoi-Roug Eville Evilled Liability Company Name of Linuited Liability Company
The enclosed	Articles of Amendment and fee(s) are submitted for filing.
Please return	all correspondence concerning this matter to the following: Concerning this matter to the following: Concerning this matter this matter to the following: Concerning this matter this matter t
	18331 PINES SAVD
	PEMISKOKE FINES TO 33029 City/State and Zip Code
For further in	E-mail address: (to be used for future annual report notification) of properties of Person E-mail address: (to be used for future annual report notification) at (114) 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

ARTICLES OF AMENDMENT

To:

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

TO ARTICLES OF ORGANIZATION 2014 AUG 28 PM 1:21

ALCHASSEE, FLORING

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

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

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: KYLE Holl KONG

New Registered Office Address:

Enter Florida street address
, Florida

City

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

Zip Code

	Logan	

Fax: (866) 411-2116

To

Fav: +1 (850), 245-6030 Page 4 of 6 (08/29/2014 11:56

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 = Mar AMBR = Aut	nager thorized Member	_	
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m. Lana Logan	rax: (800) 411-2176	lo	Fa	x: +1 (850) 245-6030	Page /5 (of .6 _08/29/	Elition all
D. If amer	nding any other informati	on, enter change(s) here: (Attac	ch additional sheets,	if necessary.)	9
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E. Effectiv	ve date, if other than the d	ate of filing:	8 _ 6		(optional)	,
the date	this document is filed by the Flori	da Department of State	ie)	nd cannot be more man so	o cays atter	
Dated_	8-29-	14, _	· · · · · · · · · · · · · · · · · · ·			
			Ky L	e Hor Por	1	
	S	ignature of a member	or authorized rep	resentative of a member	P.16	_
		Typed	or printed name o	f signee	IUNU	

Page 3 of 3

Filing Fee: \$25.00