

#L14000116603

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ MAIL

(Business Entity Name)

(Document Number)

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2014 AUG 28 PM 1:21  
CLERK OF DISTRICT COURT  
TALLAHASSEE, FLORIDA

K. SALLY  
EXAMINER  
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.

Barbara Bostick  
Regulatory Specialist II

Letter Number: 414A00017858

HH - Karen Saly  
COVER LETTERTO: Registration Section  
Division of Corporations

SUBJECT:

Hoi-PONG ENTERPRISES 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:

KYLE HOI-PONG  
Name of Person18331 PINES BLVD  
Address  
PEMBROKE PINES FL 33029  
City/State and Zip Code

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

For further information concerning this matter, please call:

KYLE HOI-PONG at (904) 325-6191  
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  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

HOI PONG ENTERPRISES LLC  
(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

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The Articles of Organization for this Limited Liability Company were filed on 7-24-14 and assigned  
Florida document number 214000116603

This amendment is submitted to amend the following:

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

N/A

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:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A

(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 HOI PONG

New Registered Office Address:

Enter Florida 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

*Will Hansen Saly*

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
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<i>Pres</i>	<i>Kyle Hironaka</i>	<i>18331 Pines Blvd</i>	<input checked="" type="checkbox"/> Add
<i>MGR</i>		<i>* 113 Venduke Pines #33029</i>	<input type="checkbox"/> Remove

☐ Add

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Kyle need to be listed  
as authorized Person.

E. Effective date, if other than the date of filing: 8-28-14 (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 8-29-14

Signature of a member or authorized representative of a member

Typed or printed name of signee

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Filing Fee: \$25.00

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