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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: 3445 Honoapilani Road HI, 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:	
AUUSON H. BUTNS Name of Person	
3445 Honoapilani Road HI, UC Firm/Company	
4745 SUTTON PARK CT STE 805	
Jacksonville FL 32224	
City/State and Zip Code aburnse rd of Florida. com E-mail address. (to be used for future annual report notification)	2015 HA
	() ()
$\Delta III(\Omega h) + BUTA(C) OOA OOO GUAA$	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \$\Bigcup \$55.00 Filing Fee & \$\Bigcup \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) \$\Certified Copy (additional copy is enclosed)	ı

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

	ollanı Roa		<u> </u>		
(Name of the Limite	d Liability Company A Florida Limited Lia	y as it now appears or ibility Company)	n our records.)		
The Articles of Organization for this Limited Lie Florida document number		vere filed on	110/14	and assign	ed
This amendment is submitted to amend the follo	wing:				·
A. If amending name, enter the new name of		,			
The new name must be distinguishable and contain the we	ords "Limited Liability	Y Company," the desig	gnation "LLC" or the ab	breviation "L.L.C.	
Enter new principal offices address, if applica		NIA			
(Principal office address MUST BE A STREE)	<u>r ADDRESS)</u>				
					2
Enter new mailing address, if applicable:		nla	·	3.	E T
(Mailing address MAY BE A POST OFFICE)	BOX)		·	(2)	<u>~</u>
				<u></u>	= 17
B. If amending the registered agent and/o	or registered offi	ce address on o	ur records, enter	the name of	the new
registered agent and/or the new registered of			,	£15	<u> </u>
Name of New Registered Agent:	GUNSTER	, yoakle	y estew	art P.A	
New Registered Office Address:	ONE enter	Prise, 225	Water St	H 1750)
,	Jacksonu	ille	, Florida	32202	
	<u>V_=</u>	City	, * wiiua	Zip Code	
New Degistered Agent's Signature if changing R	egistered Apent:				

New Registered Agent's Signature, it 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

Page 1 of 3

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

	lanager authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			□ Remove
			Change
			□ Add
		- , , , , , , , , , , , , , , , , , , ,	□ Remove
			Change
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			Remove
	·		☐ Change
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			□ Add
	nla	7 - 10 70 0	☐ Remove
	1110		□ Change

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Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or mor Note: If the date inserted in this block does not meet the applicable statutory filing document's effective date on the Department of State's records.	(optional) re than 90 days after filing.) Pursuant to 605.0207 (3)(to requirements, this date will not be listed as the
the record specifies a delayed effective date, but not an effective tir) The 90th day after the record is filed.	me, at 12:01 a.m. on the earlier of:
Dated April 30 2015	
x Sol Milling Co	
Signature of a member or authorized representative of JOS-ef M. Bucher	f a member

Page 3 of 3

Filing Fee: \$25.00