

416000090685

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

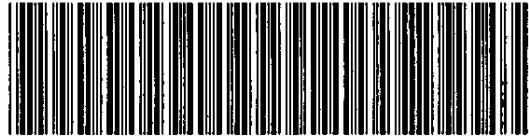
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TALLAHASSEE, FLORIDA  
16 MAY 27 PM 5:06

JUL 11 2016

S. YOUNG



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 2, 2016

BARRYMILLERLAW  
CRAIG COX  
11 N SUMMERLIN AVENUE STE 100  
ORLANDO, FL 32801

SUBJECT: O'HANA MEMORIES, LLC  
Ref. Number: L16000090685

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TALLAHASSEE, FLORIDA  
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We have received your document for O'HANA MEMORIES, 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):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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.

Shelia H Young  
Regulatory Specialist II

Letter Number: 816A00011589



**barrymillerlaw**

A Business and Real Estate Law Firm

Barry L. Miller\*  
Craig Cox

Suzanne Morales, *Paralegal*  
Michael Burgess, *Paralegal*  
Christian Walters, *Presidential Legal Asst.*

May 23, 2016

**VIA U.S. MAIL**

Florida Dept. of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

2016 JUL -8 AM 10:51  
TALLAHASSEE, FLORIDA

**Re: Amendment to O'Hana Memories, LLC**

To Whom It May Concern,

Enclosed, please find an amendment to the Articles of Organization for O'Hana Memories, LLC. Please file the same. Per our attorneys, the registered office, and not agent, is changing. Thusly, there is no need for Mr. Sosnowski to execute the amendment. If you have any questions regarding this matter, please direct them to my attention via telephone at 407-581-2964 or via email at [Christian@BarryMillerLaw.com](mailto:Christian@BarryMillerLaw.com).

Sincerely,

Christian C. Walters  
Paralegal to Barry L. Miller, Esq.

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TALLAHASSEE, FLORIDA  
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CCW/ms.  
Enclosure(s)

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** O'Hana Memories, 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:

John Sosnowski

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

4812 Taff Court

\_\_\_\_\_  
Address

Richmond, IL 60071

\_\_\_\_\_  
City/State and Zip Code

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

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TALLAHASSEE  
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For further information concerning this matter, please call:

Christian Walters

407

581-2964

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
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**

O'Hana Memories, LLC

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

The Articles of Organization for this Limited Liability Company were filed on 5/5/16 and assigned  
Florida document number L16000090685.

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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**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:**

n/a

**New Registered Office Address:**

43344 US-27

*Enter Florida street address*

Davenport

Florida

33837

*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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person 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>           |
|--------------|-------------|----------------|---------------------------------|
|              |             |                | <input type="checkbox"/> Add    |
|              |             |                | <input type="checkbox"/> Remove |
|              |             |                | <input type="checkbox"/> Change |
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|              |             |                | <input type="checkbox"/> Change |

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

n/a

16 MAY 27 PM 5:06

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TALLAHASSEE, FLORIDA

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated May 2016

Signature of a member or authorized representative of a member

Craig Cox, Esq.

Typed or printed name of signee