

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

((H20000207106 3)))



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Department of Transportation  
 Tax Division      1-800-577-0884

Account Name : TAYLORS CON INC  
 Account Number : 7001070004  
 Phone : (503) 341-3980  
 Fax Number : (503) 341-3108

\*\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*\*

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
HYONE LLC

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 0       |
| Page Count            | 03      |
| Estimated Charge      | \$25.00 |

Help

COMMONS

JUL 07 2020



July 6, 2020

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

HYONE LLC  
9710 STIRLING RD #105  
HOLLYWOOD, FL 33024US

SUBJECT: HYONE LLC  
REF: L17000009701

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document is illegible and not acceptable for imaging.

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) 245-6050.

Terri J Schroeder  
Regulatory Specialist III

FAX Aud. #: H20000207106  
Letter Number: 820A00013085

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

2020 JUL -6 PM 2:43

HYONE 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 01/12/2017 and assigned  
Florida document number L17000009701.

This amendment is submitted to amend the following:

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

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: \_\_\_\_\_

(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:

TAXLEAF PEMBROKE PINES LLC

New Registered Office Address:

652 N UNIVERSITY DR

*Enter Florida street address*

PEMBROKE PINES

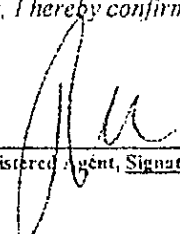
Florida 33024

*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

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| <u>Title</u> | <u>Name</u>                | <u>Address</u>              | <u>Type of Action</u>  |
|--------------|----------------------------|-----------------------------|--|
| MGR          | TAXLEAF PEMBROKE PINES LLC | 652 N UNIVERSITY DR         | <input checked="" type="checkbox"/> Add                          |
|              |                            | PEMBROKE PINES, FL 33024    | <input type="checkbox"/> Remove                                  |
|              |                            |                             | <input type="checkbox"/> Change                                  |
| MGR          | ROMAR INTERNATIONAL LLC    | 14334 BISCAYNE BLVD.        | <input checked="" type="checkbox"/> <input type="checkbox"/> Add |
|              |                            | NORTH MIAMI BEACH, FL 33181 | <input checked="" type="checkbox"/> Remove                       |
|              |                            |                             | <input type="checkbox"/> Change                                  |
|              |                            |                             | <input type="checkbox"/> Add                                     |
|              |                            |                             | <input type="checkbox"/> Remove                                  |
|              |                            |                             | <input type="checkbox"/> Change                                  |
|              |                            |                             | <input type="checkbox"/> Add                                     |
|              |                            |                             | <input type="checkbox"/> Remove                                  |
|              |                            |                             | <input type="checkbox"/> Change                                  |
|              |                            |                             | <input type="checkbox"/> Add                                     |
|              |                            |                             | <input type="checkbox"/> Remove                                  |
|              |                            |                             | <input type="checkbox"/> Change                                  |
|              |                            |                             | <input type="checkbox"/> Add                                     |
|              |                            |                             | <input type="checkbox"/> Remove                                  |
|              |                            |                             | <input type="checkbox"/> Change                                  |

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

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

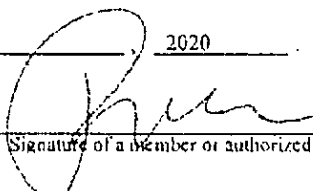
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**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 JUNE 25TH

2020

  
Signature of a member or authorized representative of a member

RODRIGO BARBONETTI

Typed or printed name of signer