

L17000014664

Division of Corporations

**Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet**

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : LAW OFFICES TONY PORNPRIYA
Account Number : I28010000164
Phone : (305)899-8989
Fax Number : (305)891-7717

****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
HO'S FAMILY LLC**

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

2018 MAY -7 AM 11:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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RECEIVED

2018 MAY -7 PM 12:09

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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Corporate Filing Menu

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MAY 08 2018

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HO'S FAMILY 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 01/20/2017 and assigned
Florida document number L17000014664

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 "LLC."

Enter new principal offices address, if applicable:

11850 Hialeah Gardens Boulevard

(Principal office address MUST BE A STREET ADDRESS)

Suite 124

Hialeah Gardens, FL 33018

Enter new mailing address, if applicable:

11850 Hialeah Gardens Boulevard

(Mailing address MAY BE A POST OFFICE BOX)

Suite 124

Hialeah Gardens, FL 33018

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:

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

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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

Title	Name	Address	Type of Action
MGR	LI C WU	6955 WRST. 16 DRIVE	☐ Add
		HIALEAH, FL 33014	☒ Remove
			☐ Change
MGR	LI M WU	2318 W 62nd St	☒ Add
		Unit 4	☐ Remove
		Hialeah, FL 33016	☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

2018 MAY - 7 AM 10:59
 CLERK OF STATE
 HIALEAH, FLORIDA

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

2018 MAY -7 AM 10:59
SECONDARY OF STATE
TALLAHASSEE, FLORIDA

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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

May 2nd

2018

Röschel

Signature of a member or authorized representative of a member

LI M WU

Typed or printed name of signee

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Filing Fee: \$25.00

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