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S. WARREN AUG 0 3 2017

Division of Cor	porations		
SUBJECT: <u>//</u> /	HONWIDE GOT. Name of Lim	OCA CONTAC ited Liability Company	ting LCC
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	indence concerning this matter	to the following:	
	_Tona than	Name of Person	
	<u> Mahonwia</u>	E GOOTAL (III) Firm/Company	stracting, LCC
	5724 PON	L CONCORDE (1)	<u> Orlando</u> FC 32829
	Orlando / Orlando / E-mail address: (1	City/State and Zip Code, City/State and Zip Code, City/State and Zip Code, Obe used for future annual report	DFING CONC notification)
For further information co	oncerning this matter, please ca	ill:	
Júseph Name of	Yerson Person	at (<u>281</u>)_660 Area Code Day	ytime Telephone Number
Inclosed is a check for th	e following amount:		
₹ \$25.00 Filing Fee	☑ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	NG A BRIDGE		

MAILING ADDRESS:

Registration Section

ro:

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

iability Company as it now appears on our re lorida Limited Liability Company) Florida document number 1170 4 (1/1/2/957) 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: New Registered Office Address: Enter Florida street address City New Registered Agent's Signature, if changing Registered Agent: hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the

If Changing Registered Agent, Signature of New Registered Agent

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 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>	Address	Type of Action
<u>ambr</u>	Joseph Meyer	10 406 Kilbride Way	<u>/</u>
	V		Remove
			Change
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			□ Change

	ding any other information, enter change(s) here: (Attach add		
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en effections of the second of	e date, if other than the date of filing: JUNC 12/2 ive date is listed, the date must be specific and cannot be prior to date of filing of the date inserted in this block does not meet the applicable statutory fit it's effective date on the Department of State's records. To specifies a delayed effective date, but not an effective oth day after the record is filed.	more than 90 days after filing.) P ling requirements, this date wi	ll not be listed a
ted	June 14/h 2017.	<u>-</u> .	
	mathan X	<u></u>	17-
	Signature of a member or authorized representati	ve of a member	
	Jonathan Donsh	(A) 1. (A) 2.	· <u> </u>
	Typed or printed name of signee		A.H
			. =
	Page 3 of 3	=======================================	. 28 8

Filing Fee: \$25.00