U170000 61858

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
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COVER LETTER

TO: Registration S Division of Co			
SUBJECT:		KIOR L. U. C	1: 12
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	•
Please return all corresp	ondence concerning this matter	to the following:	
	Hur	PERE T Name of Person	
	HPI	NTEKUR LL Firm/Company	<u> </u>
	9395 PK	ENNSY VANIA	DVE. UNIT 25 67 FL, 34135
		Boning Spein City/State and Zip Code	67 FL, 34135
	E-mail address: (A CHPTNTERU to be used for future annual report noti	
For further information	concerning this matter, please c	all:	
H U Name	OF PEREZ	at (407) 28 Code Daytim	4-9467 e 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

HP INTER	LIOK LLC
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>17000041858</u>	were filed on MANCH 17 2012 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	lity Company," the designation "LLC" or the abbreviation "L.L.C." 9395 PENNSY NANIA AVE UNIT 25 BUNITA SPRING FL 34135
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	17 May
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	Mice address on our records, enter the name of the new
Name of New Registered Agent:	TUDA PECEZ
New Registered Office Address:	Enter Florida street address October 1985
_ Bon	TA SPLINIA, Florida 34135 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, <u>enter the title</u>, <u>name</u>, <u>and address of each person being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

<u>Title</u> MAR	Name HUDA PEREZ	Address 9395 KNNSYLVANIA LAVE	Type of Action UNIT 25
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ective date, if other than the date of filing: _			(optional)	
n effective date is listed, the date must be specific and car te: If the date inserted in this block does not mee cument's effective date on the Department of State	nnot be prior to date of fil t the applicable statute	ing or more than 90 da ory filing requiremen	ys after filing.) Purs	uant to 605.02 not be listed
record specifies a delayed effective dat	e, but not an effe	ctive time, at 12	2:01 a.m. on tl	ne earlier
The 90th day after the record is filed.	フィブ			
ted MAY 4,	Z017.			

Page 3 of 3

Filing Fee: \$25.00