

11/26/2018

L17 000072055

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 : GILMAN CIOCIA INC.
Account Number : I20120000051
Phone : (305)937-7773
Fax Number : (815)301-2897

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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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Email Address: NADYA.USOVICH@GTAX.COM

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
HODU STAY CONNECTED LLC**

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T. CLINE
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EXAMINER

2018 NOV 27 11:17:51

Electronic Filing Menu

Corporate Filing Menu

Help

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

HODU STAY CONNECTED 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 03/30/2017 and assigned Florida document number L17000072055.

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)

5401 NW 67TH AVE
LAUDERHILL, FL 33319

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

5401 NW 67TH AVE
LAUDERHILL, FL 33319

2018 NOV 27 PM 1:12
CLERK OF STATE
TALLAHASSEE, FLORIDA

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:

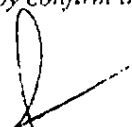
Name of New Registered Agent: ZEAV SHABABO

New Registered Office Address: 5401 NW 67TH AVE
Enter Florida street address

LAUDERHILL, Florida 33319
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>
AMBR	SHAY MIARA	5219 NORTH HIATUS RD	<input type="checkbox"/> Add
		SUNRISE, FL 33351	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	ZEAV SHABABO	5401 NW 67TH AVE	<input type="checkbox"/> Add
		LAUDERHILL, FL 33319	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
 2010 NOV 27 5 PM 1/12

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

N/A

Lined area for amendments, mostly blank.

2018 NOV 27 PM 12
STATE OF FLORIDA

LED

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 11/23 _____, 2018 _____

Signature of a member or authorized representative of a member

ZEAV SHABARO

Typed or printed name of signee