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COVER LETTER

TO:	Registration S Division of Co		
SUBJI	ест:	tonition Enter	CRPRISES LLC CLimited Liability Company
The en	iclosed Articles o	f Amendment and fce(s) are	e submitted for filing.
Please	return all corresp	ondence concerning this ma	atter to the following:
		TEIRIEIN	NCIE KING Name of Person
			HO ENTERPRISES LLE Firm/Company
			Address Address
		LONG	GWOOD / FL 32779 City/State and Zip Code
		ayeho E-mili addre	oy & cmqi/.com est: (to be used for future annual report notification)
For fu	ther information	concerning this matter, pleas	
	LUKE Name	GONG TIC Young of Person	at (407) 536 3679 Area Code Daytime Telephone Number
Enclos	ed is a check for	the following amount:	
⊡∕ \$2	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	

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

HONCHO ENTE	RPRISES	LLC			
Honcho Enter	ed Liability Compa (A Florida Limited L	ny as it now appear liability Company)	s on our records.)		
The Articles of Organization for this Limited Li Florida document number <u>L 1700011144</u>	ability Company			7 and assigned	
This amendment is submitted to amend the following	owing:				
A. If amending name, enter the new name of	the limited liabi	lity company he	<u>re</u> :		
The new name must be distinguishable and contain the w	ords "Limited Liabil	ity Company," the d	esignation "LLC" or the	abbreviation "L.L.C."	
Enter new principal offices address, if applica	able:	<u> </u>			
(Principal office address MUST BE A STREE	T ADDRESS)				
Enter new mailing address, if applicable:			· -		
(Mailing address MAY BE A POST OFFICE)	BOX)				
B. If amending the registered agent and/or the new registered of			our records, ente	r the name of the new	<u> </u>
Name of New Registered Agent:					
New Registered Office Address:	WATERFORD	LAKES, Suit Enter Flor	E # 505 413 ida street address	NORTH ALAFAYA TILAI	L
	ORLAND	O City	, Florida _	3 2 8 2 8 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 **Title Type of Action Address** <u>Name</u> TERENCE C. KING 482 PICKFORD POINT, LONGWOOD, FL 32779 Add AMBR □ Remove ☐ Change MGR TRICIA K ALI-YOUNGE □ Add _□ Change MGR LUKE RYOUNGE Remove ☐ Change 5072 CYPRESS BRANCH POINT D'Add TIZICIA IL ALI-YOUNG MG-R □ Remove ☐ Change MGR LUKE R Young 6072 Cypress BRANCH POINT, OVIEUR FL32765V Add ☐ Remove ☐ Change ☐ Add ☐ Remove _□ Change

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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 cannot be prior to date of te: If the date inserted in this block does not meet the applicable statu	filing or more than 90 days after filing.) Pursuant to 605.02
cument's effective date on the Department of State's records.	
record specifies a delayed effective date, but not an eff he 90th day after the record is filed.	fective time, at 12:01 a.m. on the earlier
Junio ted M. 06th , 2017.	
Signature of a member or authorized repr	
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