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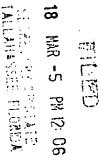
| (Requestor's Name) |
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| PICK-UP WAIT MAIL |
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| Special Instructions to Filing Officer: |
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J. LEGGETT

COVER LETTER

| TO: Registration So Division of Cor | | | |
|--|---|--|---|
| SUBJECT: | HONCHO ENTERPH | RISES LLC and Liability Company | |
| | ₩ | | |
| The enclosed Articles of | Amendment and fee(s) are sub- | mitted for filing. | |
| Please return all correspo | ondence concerning this matter | to the following: | |
| | TERENCE | Kin4 Name of Person | |
| | | Name of Person | |
| | HoneHO | FNTERPRISES L | 110 |
| | | Firm/Company | |
| | 487 A | PICKEDAD POLAT | |
| | | PICICFOILD POINT Address | |
| | Longwood | O FL 3277 | 79 |
| | | g e gmai / Lom to be used for future annual report i | |
| For further information of | E-ma (Viddress:) Concerning this matter, please co | | oancation) |
| 0 | | 224 671 | 2705 |
| <i>UEBOKAH</i> Name o | of Person | at (<u>32/</u>) <u>972</u> Area Code Day | time Telephone Number |
| | | | |
| Enclosed is a check for t | he following amount: | | |
| \$25.00 Filing Fee | D \$30.00 Filing Fee & Certificate of Status | [] \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | B \$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, Ft. 32314

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Taflahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| HONGHO ENTERPRISH | is LLC | <u> </u> | | |
|--|---|---------------------------|--|--|
| (<u>Name of the Limited Liability Compar</u> (A Plorida Limited I. | ny as it now appears on our records.) Liability Company) | | | |
| The Articles of Organization for this Limited Liability Company | were filed on | and assigned | | |
| Florida document number <u>L 17000111447</u> . | | | | |
| 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 Liabi) | ity Company," the designation "ELC" or th | ne abbreviation " L.L.C." | | |
| Enter new principal offices address, if applicable: 482, Pickford Point (Principal office address MUST BE A STREET ADDRESS) Longwood, FL, 32779 | | | | |
| (Principal office address MUST BE A STREET ADDRESS) | LONGWOOD, FL, 3 | 2779 | | |
| Enter new mailing address, if applicable: | | | | |
| (Muiling address MAY BE A POST OFFICE BOX) | | | | |
| B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here Name of New Registered Agent: New Registered Office Address: | | 18 MAR -5 PM 12 | | |
| | Cuy | Zip Gode | | |

New Registered Agent's Signature, if changing Registered Agent:

Thereby 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 = M $AMBR = A$ | lanager authorized Member | | |
|--------------------|------------------------------|------------------------------------|---|
| <u>Title</u> | <u>Name</u> | Address | Type of Action |
| MGR | MRS TRICIA K ALI-Young | | 32765 |
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| ective date, if other than the date of | filing: | | <u> </u> | (optio | nal) | | 2 DE 13 |
| effective date is listed, the date must be specified. If the date inserted in this block does | not meet the app | rior to date of fi plicable statuti | ang or more man ory filing requir | 90 days after t ements, this | ning.) rui date will | not be | listed |
| cument's effective date on the Departmen | ıt of State's reco⊓ | rds. | | | | | |
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| record specifies a delayed effect | | not an effe | ctive time, a | t 12:01 a | .m. on | the ea | arlier |
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Page 3 of 3

Filing Fee: \$25.00