L18000009026

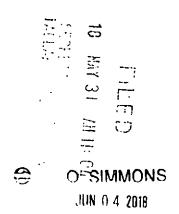
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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May 21, 2018

ALAN HOJAS 1009 MALONE DR ORLANDO, FL 32810

Ref. Number: L1800009026

We have received your document for and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a FLORIDA LLC. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 018A00010523

Octavia L Simmons Regulatory Specialist III

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BEPARTHENT OF ST

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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	1PNY LLC Name of Limi	ted Liability Company	
	Amendment and fee(s) are subr	_	
Please return all correspo	ndence concerning this matter t	to the following:	
	ALAN HI	DIAS	
	HPNY, L	Firm/Company	
		Firm/Company	
	750 Alabama	Avenue	
		Address	
	Aponka F	City/State and Zip Code City/State and Zip Code City/State and Zip Code City/State and Zip Code City/State and Zip Code	
		City/State and Zip Code	
	neonsgas_07	e sahro com	
For further information c	12-mail address: (t oncerning this matter, please ca		infication)
			013
<u>Alan H</u>	ojas	at (347) 220 Area Code Daytir	96 to
Name o	t t yr son	Area Code Dayur	ne Telephone Sumaer
Enclosed is a check for the	ne 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

HPNY	ILLC
(<u>Name of the Limited Liability C</u> (A Florida Li	Company as it now appears on our records.) mited Liability Company)
The Articles of Organization for this Limited Liability Con Florida document number L1800000 9026	npany were filed onO1 10 2018 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	d liability company here:
The new name must be distinguishable and contain the words "Limited	1 Liability Company," the designation "LLC" or the abbreviation "LLC."
Enter new principal offices address, if applicable:	N/A
(Principal office address MUST BE A STREET ADDRES	<u>SS)</u>
Enter new mailing address, if applicable:	9
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or register registered agent and/or the new registered office address	red office address on our records, enter the name of the new $\frac{1}{\sqrt{1 + \frac{1}{\sqrt{1 + + \sqrt{1 + + \frac{1}{\sqrt{1 + \frac{1}{\sqrt{1 + \frac{1}{\sqrt{1 + \frac{1}{\sqrt{1 + \frac{1}{\sqrt{1 + + \frac{1}{1 + + \sqrt{1 + + + \sqrt{1 + + + + + + + + + + + + + + + + + + +$
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMGR	Romeo Amigable	750 alabama Avenue	
		750 alabama Avenue Apopka, FL 32703	□ Remove
			Change
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<u>ote:</u> If the di	e, if other than the date is listed, the date inserted in this fective date on the	s block does not	meet the applic	able statutory fi	more than 90 days	optional) after filing.) Pursi , this date will n	ant to 605.0207 of be listed as
cument s er.	ective date on the	. rzepartitette or	Marc a records	•			
	ecifies a deladed day after the i			t an effective	e time, at 12:	01 a.m. on th	ne earlier o
nted	May	29	2018	<u> </u>			

Page 3 of 3

Filing Fee: \$25.00