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COVER LETTER

	gistration Sec vision of Corp			
SUBJECT:		USINESS LLC		
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Name of Limi	ted Liability Company	
The enclosed	d Articles of z	Amendment and fee(s) are subr	mitted for filing.	
Please return	n all correspoi	ndence concerning this matter t	to the following:	
		MILDREY HONDAL		
			Name of Person	
			Firm/Company	
		10025 SW 8TH TERRACE	:	
		MIAMI, FLORIDA 33174	Address	
		mildrehondal@gmail.com	City/State and Zip Code	
		E-mail address: (t	to be used for future annual report notific	cation)
For further i	information co	oncerning this matter, please ca	all:	
MILDREY			786 3806793	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is	a check for th	e following amount:		
\$25.00	Filing Fec	□ \$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, F1, 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

5

HONSOS BUSINESS 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 Florida document number L18000119659		ny were filed on 05/14/2018	and assigned
This amendment is submitted to amend the fo			
A. If amending name, enter the new name	of the limited liz	ability company here:	
The new name must be distinguishable and contain the	words "Limited Lia	bility Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appl	icable:	10025 SW 8TH TERRAC	CE MIAMI, FLORIDA 33174
(Principal office address MUST BE A STRE	ET ADDRESS)		
Enter new mailing address, if applicable:		10025 SW 8TH TERRAC	CE MIAMI, FLORIDA 33174
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and registered agent and/or the new registered of New Registered Agent:	d/or registered office address he	office address on our rec ere:	cords, <u>enter the name of the n</u>
New Registered Office Address:	10025 SW 81	H TERRACE	
New Registered Villee Address.		Enter Florida street a	ddress
	MIAMI		, Florida <u>33174</u>
	***************************************	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 = Ma	nager			
AMRR = Au	thorized Member			

<u>Title</u>	Name	Address	Type of Action
			Remove
			Change
			Add
			□ Remove
			□ Change
			Add
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lf an ef <u>Note:</u>	ive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	April, 11th 2019
Dated	April, 11th 2019 Signature of a member of subgright pages prative of a member
Dated	Signature of a member of authorized representative of a member Mildrey Hondal