## 118000194272

(Re	equestor's Name)	
(Ad	idress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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## **COVER LETTER**

HONLEY	U.C		
SUBJECT:			
	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	JOHN EGUSQUIZA, ESQ		
	EGUSQUIZA LAW, P.A	Name of Person	·
	9960 SW 40TH STREET	Firm/Company	
	MIAMI, FLORIDA 33165	Address	
	JOHN@JEELAWPA.COM	City/State and Zip Code	
	E-mail address: (	to be used for future annual report noti	fication)
For further information c	concerning this matter, please e	aH;	
JOHN EGUSQUIZA		305 223-8744	
Name (	of Person	at () Area Code Daytim	e Telephone Number
Enclosed is a check for t	he following amount:		
S25.00 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 enclos

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

18 OCT 22 PH 10-3-

HONLEY 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 Com	pany were filed on 8/14/2018 and assigned
Florida document number L18000194272	
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	z
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered	
registered agent and/or the new registered office address	ed office address on our records, <u>enter the name of the new</u> <u>here</u> :
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	Florida
N. D. St. J. S.	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>	Address	Type of Action
MGR	SEBASTIAN PONCELIZ	753 SHOTGUN ROAD SUNRISE, FL 33328	Type of Action
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an effective date is l ote: If the date in	isted, the date must b escreed in this bloc	ate of filing: be specific and canno k does not meet th artment of State's	t be prior to date of fil te applicable statute records.	ing or more than 90 ory filing requiren	(optional) days after filing.) nents, this date v	Pursuant to 605,020 will not be listed as
record specif The 90th day	ies a delayed e after the recor	effective date, d is filed.	but not an effe	ctive time, at	12:01 a.m. o	n the earlier o
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Filing Fee: \$25.00