118000202582

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
| |
| |
| |
| |

Office Use Only



000318258390

03/17/18--01015--019 +*25.00

SECRETATION OF THE STATE OF THE

SEP 21 2018 T SCHROEDER

COVER LETTER

| TO: | Registration Se Division of Cor | | · | | | | |
|---------------|--|---|---|---|--|--|--|
| SUBJE | HOKILL | C. | | | | | |
| | ··· <u></u> | Name of Limi | ited Liability Company | | | | |
| The enc | losed Articles of | Amendment and fee(s) are sub- | mitted for filing. | | | | |
| Please r | eturn all correspo | indence concerning this matter | to the following: | | | | |
| | | | PEDRO CERVANTES | | | | |
| | | *** | Name of Person | | | | |
| | | | HOKI LLC. | | | | |
| | | Firm/Company | | | | | |
| | | | | | | | |
| | | | Address | | | | |
| | | CLEARWATER, FL 33756 | | | | | |
| | | City/State and Zip Code tlazint99@gmail.com | | | | | |
| | E-mail address: (to be used for future annual report notification) | | | | | | |
| For furt | her information e | oncerning this matter, please ca | all: | | | | |
| | PEDRO | CERVANTES | 813 970-5985 | • | | | |
| | Name o | f Person | | me Telephone Number | | | |
| Enclose | d is a check for th | 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) | | | |
| | | ING ADDRESS: | STREET/COUR Registration Sect | HER ADDRESS: | | | |

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| НОН | KI LLC. | | |
|--|---|---------------------------|---------------------|
| (Name of the Limited Liability Comp: (A Florida Limited | any as it now appears Liability Company) | on our records.) | |
| The Articles of Organization for this Limited Liability Company | were filed on | 08/23/2018 | and assigned |
| Florida document numberL18000202582 | | | |
| This amendment is submitted to amend the following: | | | |
| a. If amending name, enter the new name of the limited liab | oility company her | <u>·e</u> : | |
| HOKI CONSTRUCT | ΓΙΟΝ LLC. | | _ |
| he new name must be distinguishable and contain the words "Limited Liabi | lity Company," the de- | signation "LLC" or the al | broviation="L.L.C." |
| Inter new principal offices address, if applicable: | | | |
| Principal office address MUST BE A STREET ADDRESS) | | | (n) |
| | | | |
| | | | 心まら |
| Enter new mailing address, if applicable: | | | |
| Mailing address MAY BE A POST OFFICE BOX) | · · · · · · · · · · · · · · · · · · · | 11/4 | ; |
| | | | |
| 3. If amending the registered agent and/or registered of registered agent and/or the new registered office address her Name of New Registered Agent: | | our records, <u>enter</u> | the name of the |
| | | | |
| New Registered Office Address: | Enter Floric | la street address | |
| | | | |
| | City | , Florida | Zip Code |
| | , ni | | ing Cina |

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 □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add BVqQ LL — ○ □ Remove ☐ Change □ Add ☐ Remove _ Change

_□ Remove

| | | | <u> </u> | | _ |
|--|--|------------------------------|--|-------------------------------------|--------------------|
| | | | | | _ |
| | | | | | |
| | | | | | |
| | | | | | _ |
| | | | | | _ |
| | | . | | | _ |
| | | | | | |
| | | | | | |
| | | | | | _ |
| | | | | | _ |
| | | | | | |
| | • | | | | _ |
| | | <u>.</u> | | | |
| | | | | | _ |
| | | | | 50 <u> </u> | |
| | | | | S 8 | _ |
| | <u> </u> | | | <u> </u> | — <u>"T</u> |
| . | | | | <u> </u> | _ |
| | | | | PA PA | |
| | · | | | <u>π </u> | -: ン |
| ffective date, if other th | nan the date of filing: | 09/11/2018 | (optional) | 5 5 | |
| iote: If the date inserted i | date must be specific and cannot be nothis block does not meet the on the Department of State's re | applicable statutory filing | ore than 90 days after filing requirements, this date |) Pursuant to 66 will not be lis | 05,0207 sted as |
| e record specifies a c The 90th day after t | lelayed effective date, b he record is filed. | ut not an effective ti | me, at 12:01 a.m. | on the ear | lier of |
| lated Septem | | 810 | | | |
| | Polis Certury Signature of a member of | of authorized representative | of a member | | |
| | ^ | | ar a roctrioci | | |
| | PEDRO CERV | ANTES | | | |

Page 3 of 3

Filing Fee: \$25.00