120 000009993

| (Re | questor's Name) | |
|-------------------------|--------------------|-----------------|
| | | |
| (Ād | dress) | |
| | | |
| | dress) | |
| (/ \C | G 1033) | |
| | | |
| (Cit | ry/State/Zip/Phone | : #) |
| _ | | _ |
| PICK-UP | WAIT | MAIL |
| | | |
| (Ru | ısiness Entity Nап | ne) |
| (30 | emose Emay man | , |
| | | |
| (Do | ocument Number) | |
| | | |
| Certified Copies | Certificates | of Status |
| | | |
| | - | |
| Special Instructions to | Filing Officer: | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Office Use Only



100341977141

08/18/28--01889--998 ++25.00

20 PAR 13 AM11: 25

Omend

MAR 3 0 2020

D CUSHING

COVER LETTER

Registration Section

Tallahassee, FL 32314

TO:

| Division of Cor | porations | | • | | |
|--------------------------------|--|---|-------------------------------------|--|---------------------------------------|
| SUBJECT: | ATG Hone Name of Lin | Goods LLC | | | |
| | Name of Lin | ited Liability Company | | | |
| The enclosed Articles of . | Amendment and fee(s) are sub | omitted for filing. | | | |
| Please return all correspo | ndence concerning this matter | to the following: | | | |
| | | YANET S | varet | | |
| | | | | | |
| | <u>A</u> | Firm/Company | pops LLC | | |
| | 4100 NE | and Ave | | | |
| | | Address | | | |
| | | City/State and Zip Code | FL 33/3 | } | |
| | E-mail address: (| to be used for future annua | l report notification | | |
| For further information co | oncerning this matter, please c | | | , | |
| YANET | - Sourez | at (305 _)_ | 677 97 | 97 | - |
| Name of | Person | Area Code | Daytime Telep | hone Number 3 | |
| Enclosed is a check for th | e following amount: | | | hone Number | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
| ※ \$25.00 Filing Fee | □ \$30.00 Filing Fee & Certificate of Status | S55.00 Filing Fee Certified Copy (additional copy is en | | \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed) | of STA |
| Mailing Address Registration S | ection | | Address: ration Section | | |
| Division of Co P.O. Box 632 | | | on of Corporati entre of Tallaha | | |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

,

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Hone Goods (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) 01/03/2020 The Articles of Organization for this Limited Liability Company were filed on and assigned Florida document number 42 000000 9993 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 "L.L.C." or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida

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.

City

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 | ARACELIA GOURALEZ | 4100 NE 2nd Ave | □Add |
| | | Suite 304, Miani FL 33137 | R emove |
| | | | □Change |
| MGR | YANGT SUAREZ | 4100 NE 2nd Aue | ≆ Add |
| | | SULTE 304, MIANI FL 331 | 37 □Remove |
| | | <u> </u> | □Change |
| | | | DAdd |
| | | | □Remove |
| | | | Change |
| | | | □Add |
| | | / | □Remove |
| | | | □ Change |
| | | | 🖸 Add |
| | | | □Remove |
| | | | 🗆 Change |
| | | | □Add |
| | | | □Remove |
| | | | □ Change |

| D. If amendi | ng any other information, enter change(s) here: (Attach additional sheets, if necessary.) |
|--|--|
| | |
| | |
| | |
| ~ | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| (If an effectiv <u>Note:</u> If the | date, if other than the date of filing: |
| f the record sprecord is filed. | ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the |
| Dated | MARCH 10 2020 |
| | Signature of a member or apphorized representative of a member |
| | YANET SUMAREZ |
| | Typed or printed name of signee |

Filing Fee: \$25.00