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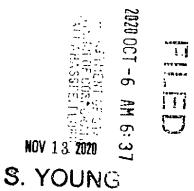
(Requestor's Name)
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Homeland Group C	Mobal Services LC
Aame o	f Limited Liability Company
The enclosed Articles of Amendment and fee(s) ar	e submitted for tiling.
Please return all correspondence concerning this m	natter to the following:
	ut Penez
Homela	Name of Person Soup 5 lottle Senties Firm/Company
100	JW 60 Address
Howaland E-mail add	City/State and Zip Code City/State and Zip Code Solving Solv
For further information concerning this matter, ple	
Janet Penez Name of Person	at (305) Hey 9580 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
☐ \$25.00 Filing Fee & Salvation State See Salvation State See Salvation	
Mailing Address: Pogistration Section	Street Address: Pagistration Section

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

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Λ

HONG ON GOOD (Name of the Limited).	iability Company as it now appears on of lorida Limited Liability Company)	our records.
The Articles of Organization for this Limited Liabil Florida document number <u>L200013</u>	ity Company were filed on	22 20 20 and assigned
This amendment is submitted to amend the following	ığ:	
A. If amending name, enter the new name of the thousand the words. The new name must be distinguishable and contain the words.	JOTARY Sprvile	
Enter new principal offices address, if applicable	:	2070
(Principal office address MUST BE A STREET A	DDRESS)	0 1
Enter new mailing address, if applicable:		- F
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>	37
B. If amending the registered agent and/or regis agent and/or the new registered office address he		ls, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida sti	vet 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, 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
			□Remove
			□Change
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			□Remove
			□Chanu.

). If amei	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an effe	ve date, if other than the date of filing:
the record	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b). The 90th day after the ed.
Dated _	Distribution of a mymber or authorized representative of a member
	Jenet Penz Typed or printed name of signee