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21 SEP 15 PH 3: NA

COVER LETTER

TO:

Registration Section

Division of Cor	porations						
SUBJECT:		Hone LLC					
	Name of Li	mited Liability Company					
The enclosed Articles of	Amendment and fee(s) are su	ibmitted for filing.					
Please return all correspo	ndence concerning this matte	er to the following:					
		A _					
		ANA TAVARES					
		Name of Person					
		HEDA HOME LLC					
		Firm/Company					
	15 806 N	JW 91 CT					
		Address					
		Miani FL 33018					
	-	City/State and Zip Code					
	tony@ a	(to be used for future annual report notification)					
	E-mail address:	(to be used for future annual report notification)					
For further information co	ncerning this matter, please o	call:					
And	TAVARES	205 261 11 25					
Name of	Person	at (305) 761 11 ZZ Area Code Daytime Telephone Number					
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Enclosed is a check for the	e following amount:						
S \$25.00 Filing Fee	☐ \$30.00 Filing Fee &	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee,					
·	Certificate of Status	Certified Copy Certificate of Status &					
		(additional copy is enclosed) Certified Copy (additional copy is enclosed)					
Mailing Address:		Sancia Add					
Registration Se		Street Address: Registration Section					
Division of Co		Division of Corporations					
P.O. Box 6327		The Centre of Tallahassee					
Tallahassee, Fl	. 32314	2415 N. Monroe Street, Suite 810					

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

111	PR LLC 21 SE# 15 PH 3: 08
(Name of the Limited Liability Compa (A Florida Limited	iny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number	were filed onOI /25 / 2021 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	<u>ility company here</u> :
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	15806 NW 91 CT
(Principal office address MUST BE A STREET ADDRESS)	Miani FL 33018
Enter new mailing address, if applicable:	15806 NW 91 CT
(Mailing address MAY BE A POST OFFICE BOX)	Miani FL 33018
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street 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 21 SET 15 PH 3: 08 AMBR = Authorized Member <u>Title</u> Name **Address** Type of Action __ □Add □Remove _ □Change _ □Add Remove □ Change __ □Add _ □Remove __ Change \Box Add _ □Remove _ Change _ 🗆 Add Remove _ □ Change _ □Add

_ □Remove

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nent's ef	ffective date	on the Depart	nent of St	ect the appi ate's record	icable statute ls.	ory filing req	juirements, tl	iis date wi	ll not be listed
rd speci:	fies a delayed	l effective dat	e, but not a	an effective	time, at 12:0	l a.m. on th	e earlier of:	(b) The 9	0th day after t
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