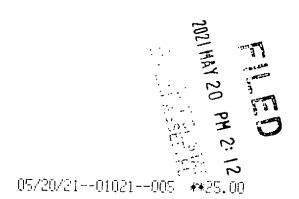
L21000087494

(Address) (Address) (Address) (City/State/Zip/Phone #) (Business Entity Name) (Occurrent Number) Certified Codies	
(Requestor's Name)	
(Address)	
(Audress)	_
(City/State/Zip/Phone #)	_
P CALIFIC WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	_
Special Instructions to Filing Officer	





700366740297



2021 HAY 20 PH 2: 02

MAY 20 mi

ALBRITON

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT:
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Person
Madia Honeyozu Firm/Company
6982 LAKE NONA BIND UNIT 608
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (S18) 858 8834 Area Code Daytime Telephone Number
Enclosed is a check for the following amount: S25.00 Filing Fee S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee,

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

Street Address:
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

MZOA

HONZYDEN LLC

MI HAY 20 PA 2: 12

(Name of the Limited Liability Compan- (A Florida Limited Li	y as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company of Florida document number <u>L2100087694</u> .	vere filed on Fzs. 22, 2021 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	lity company here:
The new name must be distinguishable and contain the words "Limited Liabilite Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	ty Company," the designation "I.LC" or the abbreviation "L.L.C." 6982 LAKZ NONA BIVD UNIT 608 DRLANDO, FL 32827
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	104-01 Post Office BIVD. # 621732 Delando, Fl 32862-1732

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:

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

amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added r removed from our records: 1GR = Manager MBR = Authorized Member Type of Action Address irle Name. SEMORAD BLOD WAdd RELAMO, FL 32822 XRemove □Change

______ □Change

	Phi: 86-2377389	
	C111, 86-23+7389	
		_
		-
		-
-		
		_
No. of the	ive date, if other than the date of filing:	505,020 isted a
e recor rd is fi	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day a iled.	ifter th
	May 20 2021. Beliffenhang	

Typed or printed name of styles