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COVER LETTER

Division of Corporations			· ·			
	JFO SALES LLC		æ.			
SUBJECT: Name of Limited Liability Company						
The enclosed Articles of /	Amendment and fee(s) are submi	ited for filing.				
Please return all correspo	ondence concerning this matter to	o the following:				
	ROXANA M TUMBACO					
	Name of Person					
CORNERSTONE TAX AND ACCT.SVCS. CORP						
firm/Company						
	4000 HOLLYWOOD BLVD SUITE 555-S					
Address						
	HOLLYWOOD, FL 33021					
		City/State and Zip Code				
	ACCOUNTING@CORNERSTO					
	E-mail address: (to	be used for luture annual report notific.	ation)			
For further information co	incerning this matter, please call	:				
ROXANA M TUMBAÇO		786 597-9461				
Name o	Person	786 597-9461 at ()	elephone Number			
Enclosed is a check for th	e 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 (senclosed)			
Mailing Addres Registration S	•	Street Address: Registration Sect	ion			

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

Registration Section*

ŦO:

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

FILED

ALAMAE AUTO SALES LLC

2024 AUG 29 AM 10: 29

(<u>Mame of the Limited Liability</u> (A Florida t	Company as it now a	ppears on our records.	in the file states
•	, , , , , , , , , , , , , , , , , , ,	TALLA	HASSEE, FLORIDA
The Articles of Organization for this Limited Liability Con-	apany were filed on	05/02/2022	and assigned
Florida document number L2200 0207961	<u>_</u> ·		
This amendment is submitted to amend the following:			
A.If amending name, enter the new name of the limit	ited liability comp	any here:	
HOKAI HOME LLC			
The new name must be distinguishable and contain the words "Limite	ed Liability Company," (the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRES	SS)		
Enter new mailing address, if applicable:	2604 BEL	LERIVE DR	
(Mailing address MAY BE A POST OFFICE BOX)	APT 33	1	· · · · · · · · · · · · · · · · · · ·
	MANHAT	TAN, KS 66503	
B.If amending the registered agent and/or registered agent and/or the new registered office address here agent and/or the new registered office address here. Name of New Registered Agent:	: 		
New Registered Office Address:	r.u.e	er Florida street address	
	ÇIII	er rionaa sireel aaaress	
	City	, Florid	a Zip Code
New Registered Agent's Signature, if changing Registered	ŕ		zip code
I hereby accept the appointment as registered agent a provisions of all statutes relative to the proper and conaccept the obligations of my position as registered age being filed to merely reflect a change in the registered company has been notified in writing of this change.	nd agree to act in nplete performanc ent as provided for	ce of my duties, and La in Chapter 605, F.S. (am familiar with and Oc. if this document is
	If Changing Register	ed Agent, Signature of Nev	w 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
MGRM	alvarez, leandro	2604 BELLERIVE DR	Add
		AP1 33	Remove
		MANHA ITAN, KS 66503	- Change
MGRM	chacon bernaez, mariana carolina	2604 BELLERIVE DR	
		APT 33	
		MANHAITAN, KS 66503	
			Add
			Remove
			Change
			Add
			Remove
			Change
			Add
			Remove
			Change
			Add
			Remove
			Chango

).If amending any other information, e	nter change(s) here: <i>(Attach a</i>	dditional sheets, if necesso	ury.)
			20
			ALC: A
			PILLED 2024 AUG 29 AM 10: 30 TALLATI ASSEE, FLORID
			29 ASSE
			No.
			0: 30
			Or O
·———			
Effective clate, if other than the clate (If an effective date is listed, the date must be s Note: If the clate inserted in this block cloed document's effective date on the Department.	pecific and cannot be prior to date of fili s not meet the applicable statutory		ng.) Pursuant to 605.0207 (3)
Dated AUGUST 27TH	2024		
	Endo Maryz		
Signat	ure of a member or authorized represen	ntative of a member	
	LEANDRO X ALVAREZ		
	Typed or printed name of sign		

•

Filing Fee: \$25.00