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TO: Registration Sec Division of Corp			
6	lonesto Ata	s LLC	
SUBJECT:	Name of Limit	ted Liability Company	
The enclosed Articles of A	amendment and fee(s) are subr	nitted for filing.	
Please return all correspon	dence concerning this matter t	to the following:	
	Sherlin	E. Valdez Name of Person	
	Honeito	A tos LLC	
	18580 E.	Colonial Dr. 1	Jn: 4 607
	Orlando	FL 32820 City/State and Zip Code	
	Sales El E-mail address: (nonestoatos. com to be used for future annual report notifica	tion)
For further information co	oncerning this matter, please ca	all:	
Sherlin	E. Valdez	at (321) 588-4 Area Code Daytime Te	-144 <i>4</i>
Name of	Person	Area Code Daytime Te	elephone Number
Enclosed is a check for th	c following amount:		
71 S25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

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 ORGANIZATION Liability Company as it now appears on our records. Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on ____ 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 "LLC" 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

ARTICLES OF AMENDMENT

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

	C	
AMBR =	Authorized	Member

<u>Title</u>	Name	Address	Type of Action
MER	Sherlin E. Valdez	18580 E. Colonial Dr. Unit 6	€Add
		Orlando, FL 32820	□Remove
			DChange
			□Add
			□Remove
			□Change
			🗆 Add
			Remove
			□Change
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			□Add
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			[]Change

] amending a	any other information, enter change(s) here: (Attach additional sheets, if necessary.)
<u> </u>	
-,	
	
Note: If the	te, if other than the date of filing: 10 4 2022 (optional) late is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as affective date on the Department of State's records.
e record speci rd is filed.	ifies 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	Signature of a member or authorized representative of a member
	Sherlin E. Valdez Typed or printed name of signee

Filing Fee: \$25.00