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Y. SCOTT NOV - 9 2023

COVER LETTER

Division of Co				
SUBJECT:S	HONEN HO	LDTNGS LL ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	•	-		
	<u>shanno</u>	Leigh CX Name of Person		
		N/4		SECRETA DIVISION OF 2023 NOV
		Firm/Company		10f og -3
	200 Mait	Gnyl AUR #132 Address		PH PH
	Altamoste	Sign State and Zin Code	70\	요. 15 15
	5 hannos E-mail address:	to be used for future annual eport not		
or further information o	concerning this matter, please e	all:		
Jhannon Name o	Leigh COX	at (<u>407</u>) 725 Area Code Daytim	e Telephone Number	
inclosed is a check for t	he following amount:			
□ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Certificate of Certified Cop (additional copy	f Status & oy
Mailing Addres	7	Street Address:		
Registration Division of C		Registration Se Division of Co		
P.O. Box 632		The Centre of T	Γallahassee	
Tallahassee,	FL 32314	2415 N. Monro Tallahassee, FL	e Street, Suite 810	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SHONEN HOLD- (Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records.)	
The Articles of Organization for this Limited Liability Company (Torida document number <u>L 3300016435</u> .	were filed on Jan, 91k 2023	and assigned
his amendment is submitted to amend the following:		
SOHNEN HOLDING he new name must be distinguishable and contain the words "Limited Liability".	s LLC	ation "L.L.C."
Inter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS)		SECRETARIAN FILE
Inter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)		-3 PH 3: 16
3. If amending the registered agent and/or registered office a gent and/or the new registered office address here:	ddress on our records, enter the name of	the new registered
Name of New Registered Agent: New Registered Office Address:	Enter Florito street address	
ew Registered Agent's Signature, if changing Registered Agent:	City Zi	n Code
hereby accept the appointment as registered agent and agre- rovisions of all statutes relative to the proper and complete p eccept the obligations of my position as registered agent as pa eing filed to merely reflect a change in the registered office of company has been notified in writing of this change.	performance of my duties, and I am famil rovided for in Chapter 605, F.S. Or, if thi	iar with and is document is

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>Fitle</u>	<u>Name</u>	Address	Type of Action
MGR	Shannon Leigh Co	X 300 Maillow Lup #	132 DAGO
		Altamonte Spring, FL3	27∆l□Remove
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Effective date, if other the fan effective date is listed, the date inserted in document's effective date or	ate must be specific and this block does not m	cannot be prior to date of cet the applicable stat	filing or more than 90 days	optional) after filing.) Pursuant to 605,0207 s, this date will not be listed as
e record specifies a delayed of is filed.	flective date, but not a	an effective time, at 12	2:01 a.m. on the earlier o	of: (b) The 90th day after the
Dated OCTOBER	30th	3033		
JYNL).				