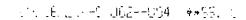
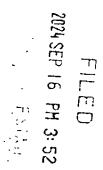


(R	equestor's Name)	
(Ac	ddress)	
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(Ci	ity/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(Bu	usiness Entity Name)	
(De	ocument Number)	
Certified Copies	Certificates of Status	
Special Instructions to	Filing Officer:	
	SEP 1 & 202	E Y

Office Use Only







COVER LETTER

K - 1 - 1 - 1

CHRIC				
SUBJEC	ı:	Name of Limit	ed Liability Company	
The enclo	sed Articles of	Amendment and fee(s) are subm	nitted for filing.	
Please ret	um all correspo	ondence concerning this matter to	o the following:	
		FRANKLIN OVALLES M	ORENO	
			Name of Person	
	BUBJECT: HO PARTNERS LLC			
		125 NE 32nd ST, APT 2018	3	
			Address	ip Code e annual report notification) 961-1057 Daytime Telephone Number Ing Fee & S60.00 Filing Fee. Copy Certificate of Status & Certified Copy (additional copy is enclosed)
		MIAMI, FL. 33137		
		hopartnersllc@gmail.com	City/State and Zip Code	
		E-mail address: (to	be used for future annual report noti	fication)
For furthe	r information co	oncerning this matter, please cal	1:	
FRANKI	IN OVALLES	MORENO	786 961-1057	
	Name of	f Person	Area Code Daytim	e Telephone Number
Enclosed	is a check for th	ne following amount:		
□ \$25.0	0 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
			Street Address:	
	Registration S			
	Division of C P.O. Box 632		The Centre of T	
	.O. Dox 052 Fallahassee F			e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2024 SEP 16 FH 3:52

HO PARTNERS LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on and assigned Florida document number
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 agent and/or the new registered office address here:
Name of New Registered Agent:
New Registered Office Address:
Enter Florida street address
, Florida
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 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	HERNANDEZ, ANDRES	125 NE 32nd ST APT, 16-05	□Add
		MIAMI FL. 33137	≣Remove
			□Change
MGR	GONCALVES, ALVANY	125 NE 32nd ST APT, 2018	= Add
		MIAMI FL. 33137	□Remove
			□Change
			□Add
			□Remove
			☐ Change
			□Add
			Remove
			□ Change
			□ Add
			□ Remove
			Change
			□Add
			Remove
			□ Change

fective date, if other than the date of filing: 09/12/24						
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ective date, if other than the date of filing: (optional)						
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(Signarufe of a member or authorized representative of a member		Tille No				
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Filing Fee: \$25.00