

M1300004638

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H16000048232 3)))



H16000048232ABC-

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : FILINGS, INC.
Account Number : 072720000101
Phone : (850) 385-6735
Fax Number : (954) 641-4192

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

RECEIVED
2016 FEB 25 AM 11:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
DEVONAIRE HC, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

FEB 26 2016

S. YOUNG
Help

Electronic Filing Menu Corporate Filing Menu

H16000048232

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: DEVONAIRE HC, LLCEnter new principal office address, if applicable: 3423 NE 166TH ST.(Principal office addressMUST BE A STREET ADDRESS)NORTH MIAMI BEACHFL 33160

Enter new mailing address, if applicable:

(Mailing addressMAY BE A POST OFFICE BOX)3423 NE 166TH ST.NORTH MIAMI BEACHFL 331602. The Florida document number of this limited liability company is: M13000046383. Jurisdiction of its organization: DELAWARE4. Date authorized to do business in Florida: 07/24/2013

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: _____
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer 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: OREN HONNew Registered Office Address: 3423 NE 166TH ST.

Enter Florida Street Address

NORTH MIAMI BEACH, Florida 33160

City

Zip Code

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

H16000048232

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 FEB 25 PM 3:53

H16000048232

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

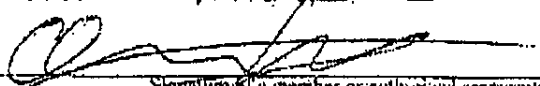
8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	HON CAPITAL, LLC	3440 HOLLYWOOD BLVD., STE. 415	<input type="checkbox"/> Add
		HOLLYWOOD, FL 33021	<input checked="" type="checkbox"/> Remove
MGR	OREN HON	3423 NE 166TH ST.	<input checked="" type="checkbox"/> Add
		NORTH MIAMI BEACH, FL 33160	<input type="checkbox"/> Remove
MGR	SHIRA HON-LAHAV	3423 NE 166TH ST.	<input checked="" type="checkbox"/> Add
		NORTH MIAMI BEACH, FL 33160	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated As of October 16, 2015



Signature of a member or authorized representative of a member

H16000048232

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 FEB 23 PM 3:53

02/25/2016 12:39PM FAX 9546414192
850-617-6381

BLACKSTONE LEGAL SUPPLIE

0004/0008

2/25/2016 9:27:08 AM PAGE 1/001 Fax Server



February 25, 2016

FLORIDA DEPARTMENT OF STATE
Division of Corporations

DEVONAIRE HC, LLC
3440 HOLLYWOOD BLVD SUITE 415
HOLLYWOOD, FL 33021

SUBJECT: DEVONAIRE HC, LLC
REF: M13000004638

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 FEB 25 PM 3:53

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The amendment form submitted is for a Florida LLC, Please return to sunbiz and go to the foreign LLC forms.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce
Regulatory Specialist II

FAX Aud. #: H16000048232
Letter Number: 816A00003883

RECEIVED
2016 FEB 25 AM 11:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA