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DIVISION OF CORPERATIONS

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## **COVER LETTER**

TO:	Registration Se Division of Con			
SUR.	HJL ANEN JECT:	NI LLC		
ССВ		Name of Lin	nited Liability Company	<del></del>
The e	enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Pleas	e return all correspo	ondence concerning this matter	to the following:	
		SIMON NAON		
			Name of Person	· · · · · · · · · · · · · · · · · · ·
		NAON AND CO. LLC		
			Firm/Company	
		<del> </del>	Address	
		HOLLYWOOD FL 33020		
			City/State and Zip Code	
		SIMON@NAONANDCO.		
For fu	urther information c	oncerning this matter, please c	to be used for future annual report notifall:	ication)
SIMC	ON NAON		347 898-6079	
	Name o	f Person	at () Area Code Daytime	Telephone Number
Enclo	sed is a check for th	ne following amount:		
<b>■</b> \$2	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 is enclosed

MAILING ADDRESS:

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

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HJL ANENI LLC

company has been notified in writing of this change.

(Name of the Limi	ited Liability Comp (A Florida Limited	any as it now appears on Liability Company)	our records.)
The Articles of Organization for this Limited I. Florida document number L15000111128	Liability Company	y were filed on 06/25/2	Our records.)  Olysion of Componentions  Of Componentions
This amendment is submitted to amend the following	lowing:		D PHK
A. If amending name, enter the new name of	of the limited liab	bility company here:	2:21 0:10HS
The new name must be distinguishable and contain the	words "Limited Liab	ility Company," the design	
Enter new principal offices address, if applie	cable:	28 WEST FLAGLE	R STREET STE. 708
(Principal office address MUST BE A STREE	ET ADDRESS)	MIAMI FL 33130	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE)  B. If amending the registered agent and registered agent and/or the new registered of New Registered Agent:	or registered o	MIAMI FL 33130	r records, enter the name of the new
Name of New Registered Agent:  New Registered Office Address:  2450 HOLLYWOOD BLVD STE 200B	В		
		Enter Florida s	treet address
	HOLLYWOOI	D City	, Florida $\frac{33020}{Zip\ Code}$
New Registered Agent's Signature, if changing	Registered Agent:	<u>.</u>	
I hereby accept the appointment as registere provisions of all statutes relative to the prop		-	

If Changing Registered Agent, Signature of New Registered Agent

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

If amendin or removed	g Authorized Person(s) authorized to m I from our records:	anage, enter the title, name, and addr	ess of each person being ad
MGR = Manager AMBR = Authorized Member			
<u> Fitle</u>	<u>Name</u>	Address	Type of Action
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			☐ Remove
			Change
			₽ PAdd
			So Kemove
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			7: 2- EAdd
			□ Remove
		/	Change
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n ef ote:	ive date, if other than the date of filing:    O5/20/2017   (optional)
re The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
ted	05/20/2017
	,,

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Filing Fee: \$25.00