

LI8000206485

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

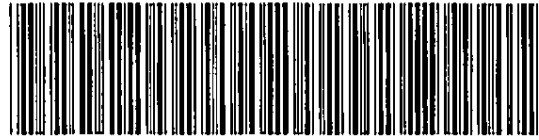
(Business Entity Name)

(Document Number)

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2018 SEP 10 PM 5:47
SECRETARY OF STATE
CIVIL AFFAIRS DIVISION

FILED

M. MILLIGAN
SEP 21 2018

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: HAT & SOLE LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

SHAHAB JAHANI
Name of Person
HAT & SOLE
Firm/Company
8151 BLIND PASS RD UNIT #19
Address
ST. PETE BEACH, FL 33706
City/State and Zip Code
Sjahani@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SHAHAB JAHANI at (703) 364-9673
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$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

HAT & SOLE LLC

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

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2018 SEP 10 PM 5:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 08/29/2018 and assigned Florida document number L18000206485

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

SUNBIZ DIRECT LLC

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)

8151 BLIND PASS RD UNIT 19
ST. PETE BEACH, FL 33706

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

8151 BLIND PASS RD UNIT 19
ST. PETE BEACH, FL 33706

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: SHAHAB JAHANI

New Registered Office Address: 8151 BLIND PASS RD UNIT #19
Enter Florida street address

ST. PETE BEACH, Florida 33706
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.

Shahab Jahani
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>	<u>Address</u>	<u>Type of Action</u>
MGR	CALZADILLA, LEO	152 107 th AVE	<input type="checkbox"/> Add
		TREASURE ISLAND, FL	<input checked="" type="checkbox"/> Remove
		33706	<input type="checkbox"/> Change
AMBR	YURIEVA, ALINA	8151 BLIND PASS RD UNIT 19	<input type="checkbox"/> Add
		ST. PETER BEACH, FL 33706	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

The zip code is 33706, not 3706
missing one digit on record

E. Effective date, if other than the date of filing: 09/04/2018 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 Sep 4th, 2018

Shahab Jahani

Signature of a member or authorized representative of a member

SHAHAB JAHANI

Typed or printed name of signee

SECRETARY OF STATE
STATE ARCHIVES DIVISION

2018 SEP 10 PM 5:46

FILED