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Florida Department of State

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(((H25000046341 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CAPITOL SERVICES, INC.

Account Number : I20160000017 : (855)498-5500 Fax Number : (800)432-3622

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

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN HANJAK INVESTMENTS, LLC

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Merritt Walker 8004323622

H250000463413



February 10, 2025

FLORIDA DEPARTMENT OF STATE
Division of Corporations

HANJAK INVESTMENTS, LLC 201 E LAS OLAS BLVD STE 1800 FT LAUDERDALE, FL 33301US

SUBJECT: HANJAK INVESTMENTS, LLC

REF: L21000300667

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

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is L05000059928.

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) 245-6000.

Rebekah Lefeavers Regulatory Specialist III FAX Aud. #: H25000046341 Letter Number: 125A00002776

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COVER LETTER

TO:	Registration Se Division of Con			H25000046341 3
CHO ICA		vestments, LLC		
SUBJEC	ol:	Name of Lin	nited Liability Company	
The encl	losed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please re	eturn all correspo	ondence concerning this matter	to the following:	
		David Birke		
			Name of Person	
		Akerman LLP		
			Firm/Company	
		201 E. Las Olas Blvd., Su	ite 1800	
			Address	
		Fort Lauderdale, FL 3330	I	
			City/State and Zip Code	
		david.birke@akerman.com		
		E-mail address: (to be used for future annual report not	fication)
For furth	er information o	concerning this matter, please c	ali;	
David B	irke		305 389 5955 at ()	
	Name o	of Person		ne Telephone Number
Enclosed	l is a check for t	he following amount:		
□ \$2 5.	00 Filing Fee	S30.00 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		<u>Street Address;</u> Registration Se	ction
	Division of C		Division of Con	
	P.O. Box 632		The Centre of	
	Tallahassec,	rl 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

Merritt Walker 8004323622

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

H250000463413

(Name of the Limited Liability Comp (A Florida Limited	pany as It now appears on our reco d Liability Company)	rds.)
The Articles of Organization for this Limited Liability Compan	ly were filed on June 29, 2001	and assigned
Florida document number 1.21000300667		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
IUB Family Investments, LLC		
The new name must be distinguishable and contain the words "Limited Lial	bility Company," the designation "LL	.C" 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: (Muiling address MAY BE A POST OFFICE BOX)		2025
Enter new mailing address, if applicable:		
Muning analess WEAT BE A POST OFFICE BOX		
	 	
B. If amending the registered agent and/or registered office	address on our records, ente	r the name of the new regist
agent and/or the new registered office address here:	,	
		97 9
Name of New Registered Agent:		<u> </u>
New Registered Office Address:		
New Neglisteted Office Address.	Enter Florida street addr	ess
	E .	lorida
	City	Zip Code

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 H25000046341 3

<u>Title</u>	Name	Address	Type of Action
			(□Add
			□Remove
			Change
			□Remove
			Change
			[]Add
			□Remove
			Change
			□Remove
		·····	☐ Change
			□Add
			□Remove
			☐ Change
			□ Add
			□Rcmove
			□Change

- · - Merritt Walker 8004323622

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		-		-
Effective date, if other than the date must be self-ective date is listed, the date must be self-ective date in this blocklocument's effective date on the Dep	be specific and cannot be prior ok does not meet the applic	able statutory filing r	(optional) e than 90 days after filing.) requirements, this date v	Pursuant to 605.020 will not be listed as
record specifies a delayed effective is filed.	date, but not an effective t	ime, at 12:01 a.m. on	the earlier of: (b) The	90th day after the
ated February 10	2025	 •		
awu				
David &	irka			
David &		orized representative of	a member	

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