

205000011806

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

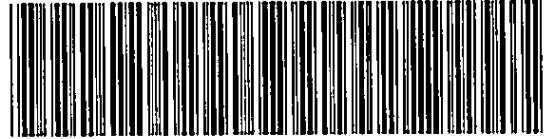
(Business Entity Name)

(Document Number)

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R. WHITE  
DEC 21 2018

FILED  
2018 DEC 13 AM 11:29  
SECRETARY OF STATE  
TALLAHASSEE, FL

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Hanar, 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:

Dawn Tottel

\_\_\_\_\_  
Name of Person

Hanar, LLC

\_\_\_\_\_  
Firm/Company

1623 SW 1st Ave.

\_\_\_\_\_  
Address

Ocala, FL 34471

\_\_\_\_\_  
City/State and Zip Code

dtottel@aol.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dawn Tottel

352

401-9888

at ( )

\_\_\_\_\_  
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**

Hanar, LLC

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

**FILED**

2018 DEC 13 AM 11:29

CLERK OF STATE  
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 02/04/2005 and as

Florida document number L05000011806.

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 office address here:**

Name of New Registered Agent:

Dawn Tottel

New Registered Office Address:

1623 SW 1st Ave.

Enter Florida street address

Ocala

Florida 34471

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

**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>                      |
|--------------|--------------------|------------------------|--|
| MGRM         | Kuchakulla N Reddy | 11265 Bridge House Rd. | <input type="checkbox"/> Add               |
|              |                    | Windermere, FL 34786   | <input checked="" type="checkbox"/> Remove |
|              |                    |                        | <input type="checkbox"/> Change            |
| MGR          | Kuchakulla N Reddy | 1623 SW 1st Ave.       | <input checked="" type="checkbox"/> Add    |
|              |                    | Ocala, FL 34471        | <input type="checkbox"/> Remove            |
|              |                    |                        | <input type="checkbox"/> Change            |
| MGRM         | Nagender Reddy     | 6601 S. Magnolia Ave.  | <input type="checkbox"/> Add               |
|              |                    | Ocala, FL 34476        | <input checked="" type="checkbox"/> Remove |
|              |                    |                        | <input type="checkbox"/> Change            |
| MGR          | Kavitha Reddy      | 1609 SW 17th St.       | <input checked="" type="checkbox"/> Add    |
|              |                    | Ocala, FL 34471        | <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            |

[illegible]

(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)

(b) The 90th day after the record is filed.

Kavitha Reddy

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Typed or printed name of signee