L07000892117

(Re	questor's Name)	
(Ad	dress)	<u>. </u>
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

G. MCLEOD

SEP 2 8 2012

EXAMINER



400240006854

09/27/12--01015--021 **25.00



TO:

..

TO:	Registration Se Division of Co				.t	
SUBJI	ECT:	CHA	ANSS LLC			
		Name of Limi	ted Liability Company	,		
The en	closed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please	return all correspondent	ondence concerning this matter	to the following:			
			PATRICK MOYAL Name of Person			
			Name of Person			
		MOYAL A	CCOUNTING SERVI	CES INC	<u> </u>	
			Firm/Company			
		10796	PINES BLVD SUITE	204		
		*	Address			
		PFM	BROKE PINES FL 33	3026		
			City/State and Zip Code			
			CCOUNTING@GMA			
For fu	rther information	E-mail address: ()	to be used for future annual rep	ort noulicau	on) ·	
	PA1	RICK MOYAL	at (954)	43	0-3930	
		of Person			elephone Number	
Enclos	sed is a check for	the following amount:				
\$25	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is e	enclosed)	\$60.00 Filing Certificate Certified C (additional	of Status &
	Regisi Divisi P.O. E	LING ADDRESS: tration Section on of Corporations Box 6327 tassee, FL 32314	Registratio Division of Clifton Bu	n Section f Corporatio		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	HANSS LLC			
(Name of the Limited Liability (A Florida	Company as it now appear:	s on our records.)	·	
(1111011011	ompany)			
The Articles of Organization for this Limited Liability C	Company were filed on	9/7/2007	and assigned	
Florida document number L07000092117				
Tiorida document number	_ '			
This amondment is submitted to amond the following.				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lim	ited liability company here	<u>e</u> :		
The new name must be distinguishable and end with the wor	rds "Limited Liability Compa	nv." the designation "	LLC" or the abbreviation	
"L.L.C."		,,		
Futon non-nuincinal office address if annicables				
Enter new principal offices address, if applicable:	- 			
(Principal office address MUST BE A STREET ADDI	(ESS)			
•			N N N N N N N N N N N N N N N N N N N	
			HE TO	
Enter new mailing address, if applicable:			SSI 2	
(Mailing address MAY BE A POST OFFICE BOX)		•		
		•		
			<u>≅≥ </u>	
B. If amending the registered agent and/or regis	tered office address on o	ur records, enter	□mi 😘	
registered agent and/or the new registered office add		ar records, <u>enter</u>	the name of the new	
Name of New Registered Agent:				
Name of New Registered Agent.			<u> </u>	
New Registered Office Address:	· · · · · · · · · · · · · · · · · · ·			
	Eni	ter Florida street ad	dress	
	. Florida			
	City	, 1 101 104	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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	STEPHANIE BEYRAND	LES HAUTS DE VAUGRENIER 06270 VILLENEUVE-LOUBET	Add Remove
<u>MGRM</u>	SOPHIE BEYRAND	LES HAUTS DE VAUGRENIER 06270 VILLENEUVE-LOUBET	Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amend	ling any other information, enter cha	nge(s) here: (Attach additional sheets, if necessary.)	_
_			
	iulu 12	2012	-
Dated		ber or authorized representative of member	
	,	ANDRE BEYRAND	
	Тур	ed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00