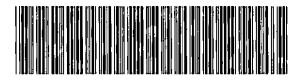
109000041484

(Requ	uestor's Name)	
(Addr	ess)	
(Addr	ess)	
(City/s	State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Busii	ness Entity Na	me)
(Docu	ument Number)
Certified Copies	Certificate	s of Status
Special Instructions to Fil	ling Officer:	
:		

Office Use Only



700319733197

10/17/18--01008--012 **25.00

2018 OCT 15 AHIO: 31

intaklie ak

COVER LETTER

TO:	Registration Section Division of Corpor			
SUBJ	r <i>c</i> m.	12615	LLC .	
3013	ECT	Name of Limi	ted Liability Company	
The er	nclosed Articles of Am	endment and fee(s) are subr	mitted for filing.	
Please	return all corresponde	nce concerning this matter	to the following:	
		AA Rav	J - HASSINGE Name of Person	R
				
			Firm/Company	
		426	SW 9th Street	et_
			V-34-1-1-2-5	,
		FORT	LAUDERDALL City/State and Zip Code	E FL. 33315
		4	City/State and Zip Code	/ -
	ķ	E-mail address: (t	2 on 1955 ings.	Comication)
For fu	rther information conc	erning this matter, please ca	City/State and Zip Code City/State and Zip Code	
			at (305) 74/- Area Code Daytime	-1698 > Telephone Number
	DATE: 10/1 IAILED sea is a check for the f			 O e
J \$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

12615 LLC

(Name of the Limited Liability Compan- (A Florida Limited Lia	y <u>as it now appears on our records.</u>) ability Company)
The Articles of Organization for this Limited Liability Company v Florida document number <u>LOGOCCO 41</u> 48	were filed on APR/L 29 20019 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	lity company here:
The new name must be distinguishable and contain the words "Limited Liabilit	
Enter new principal offices address, if applicable:	AARON J. HASSINGER. 426 SW GM Street
(Principal office address MUST BE A STREET ADDRESS)	426 SW 9PM Street
	FORT LAUDERDALE, FL. 33315
Enter new mailing address, if applicable:	AARON J. HASSINGER
(Mailing address MAY BE A POST OFFICE BOX)	426 SW 9th Street
	FORT LAUDERDALE FL 3.3315
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here Name of New Registered Agent: New Registered Office Address: 426 S	fice address on our records, enter the name of the new J.J. HASSINGER. Swysh Street Enter Florida street address ©
Trew registered office reduced.	Enter Florida street address
FORT LAU	DERDALE , Florida 333/5 City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	

New Registered Agent's Signature, it 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

Page 1 of 3

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 Type of Action Address Title MER AARON J. HASSINGER 4265W 4th ST FORT LANDERD SLEFL 33315 ☐ Remove Change MGR STEVEN HASSINGER 145, NORWAYLANE, LEBANON, Pa 17042 Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add 🔼 🛘 Remove ___ Change □ Add ☐ Remove ☐ Change

			
			_
	 		
			_
		<u>-</u>	
			_
		 ,	
			_
		7억 대	
			
		2	
ective date, if other than the date of filing: n effective date is listed, the date must be specific and cannot be prior to date of filing or more than	(optional)	1	605.020
te: If the date inserted in this block does not meet the applicable statutory filing requestment's effective date on the Department of State's records.	irements, this date	will not be	listed a
difference of the Department of State's records.	7.	80	
record specifies a delayed effective date, but not an effective time, he 90th day after the record is filed.		on the ea	ırlier o
the both day after the record is med.			
ted,,			
Steven Approage MGR CURPER Signature of a phember of authorized representative of a m 5 TEVEN D. HASSINGER	W T		_
- 1	· • · · · · · · · · · · · · · · · · · ·		

Page 3 of 3

Filing Fee: \$25.00