

L 090000 58848

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

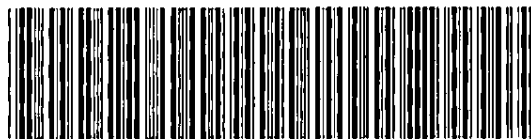
(Business Entity Name)

(Document Number)

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FALLAHASSEE, FL

2021 MAY 24 AM 9:37

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Pet Emergency and Referral Center, 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:

STEVEN P. HANSON

Name of Person

(Pet Emergency and Referral Center, LLC)
to become → Hanmas Holdings, LLC
Firm/Company

(3579 Northlake Blvd)
change to → 3581 Northlake Blvd
Address

Palm Beach Gardens, FL 33403

City/State and Zip Code

PERCBIZ@Live.com

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

For further information concerning this matter, please call:

STEVEN P. HANSON

Name of Person

at (772)

Area Code

220-8485 opt 3

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

~~X~~ we do NOT want to change
the EIN! Thank you

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: PET Emergency and Referral Center, LLC

DOCUMENT NUMBER: _____

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

STEVEN P. HANSON
Name of Contact Person
HANMAS Holdings, LLC
Firm/ Company
3581 Northlake Blvd
Address
Palm Beach Gardens, FL 33403
City/ State and Zip Code
PERC BIZ @ Live . com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Steven P. Hanson at (772) 220-8485 opt 3
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> \$35 Filing Fee | <input checked="" type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy
is enclosed) |
|--|---|---|--|

Mailing Address
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

X EIN stays the same

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

PET EMERGENCY AND REFERRAL CENTER, LLC

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

The Articles of Organization for this Limited Liability Company were filed on 06/16/2009 and assigned
Florida document number L09000058848.

This amendment is submitted to amend the following:

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

1) Hanmas Holdings, 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)

3581 Northlake Blvd

Palm Beach gardens, FL

33403

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

N/A

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:

(Same)

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

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

(no charge)

(no charge)

[illegible]

[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)

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 May 17, 2021

Steven P. Hansen

Signature of a member or authorized representative of a member

STEVEN P. HANSON

Typed or printed name of signee

Filing Fee: \$25.00