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**EXAMINER** 

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## **COVER LETTER**

TO: Registration S Division of Co	
SUBJECT: Ha	nna House of Cave
	Name of Limited Liability Company
The enclosed Articles of	Amendment and fee(s) are submitted for filing.
Please return all corresp	ondence concerning this matter to the following:
	Tancera C. Watkins - Small  Name of Person  Hanna Heuse of Care, LCC  From/Company
	Name of Person
	Hanna Hense of Care, LLC
	1304 Kelloss DV  Address  Tovores Fl 32778  City/State and Zip Code  hamehuse a comeast - net  E-mail address: (to be used for future annual report notification)
	Address HF 2
	Towares F1 32778  City/State and Zip Code  harnahause a comeast-net
	City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
For further information	concerning this matter, please call:
Tamara C.	Waykins - Small at (352) 536 - 4783  Area Code & Daytime Telephone Number
Manic	of the code to Daytime Telephone Humber
Enclosed is a check for	the following amount:
\$25.00 Filing Fee	\$30.00 Filing Fee & \$55.00 Filing Fee & \$60.00 Filing Fee, Certificate of Status 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

Hanna House of (Name of the Limsted L	Pare, LLC		·	
( <u>Name of the Limited L</u> (A F	<u>iability Company as it no</u> lorida Limited Liability C	ow appears on our records.) ompany)		
The Articles of Organization for this Limited Liab Florida document number \(\frac{\angle 10000019}{\angle}\)	pility Company were file	d on <u>Feburary 22,</u>	2010 and assigned	
This amendment is submitted to amend the follow	/ing:			
A. If amending name, enter the new name of t	he limited liability com	pany here:		
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liabil	ity Company," the designation	n "LLC" or the abbreviat	- ìoı
Enter new principal offices address, if applicat	ole:		2010 I	_
(Principal office address MUST BE A STREET	ADDRESS)		Name of the state	-
			29 ASS	_
Enter new mailing address, if applicable:			FEE FILE	_
(Mailing address MAY BE A POST OFFICE B	<u> </u>		ATE SE	-
B. If amending the registered agent and/or registered agent and/or the new registered officered.	ce address here:			ev
Name of New Registered Agent:	Tamara	C. Walkins - S	omall	_
New Registered Office Address:	1304 Mello	J DV Enter Florida street		_
	1304 Mello	Emer r tortaa street	_39778	
	City	, Fiolida	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 = Ma MGRM = M	mager Managing Member	•	
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			2010 HAND
			Remove—
D. Ifaman	ding one other information anter a		Remove
D. 11 amen 	ding any other information, enter ci	nange(s) here: (Attach additional sheets, if nec	essary.)
		I .	
Dated <u>///</u>	Onch 95	<u> 2010</u> . - Spial	
	Signature of a me  Tamara C. Wa	mber or authorized representative of a member	

Page 2 of 2

Filing Fee: \$25.00