

L11 000 059 790

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

2022 NOV 28 PM 4:25

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Hanko 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:

Harry Richardson

Name of Person

Firm/Company

1374 Clay Spring Drive

Address

Carmel, IN 46032

City/State and Zip Code

hrichardson@perfectseating.net

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

For further information concerning this matter, please call:

Harry Richardson

Name of Person

at (317) 507-0707

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 Address:

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

Hanko LLC

Perfect Tables LLC

110

, Florida

Zip Code:

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

[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.

ר' ח'ק'ה

Signature of a member or authorized representative of _____

Signature of a member or authorized representative of a member:

Typed or printed name of signee

Filing Fee: \$25.00