111 000 059790

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(Address)	
(Address)	
(City/State/Zip/Phone #)	
(Business Entity Name)	
(Document Number)	
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11/28/22--01034--023 **50.00

2/13/23 N.LN



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 (<u>317</u>) <u>507-0707</u> Area Code Dayt

e 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 tadditional 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Hanko LLC

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

The Articles of Organization for this Limited Liability Company were filed on <u>May 20, 2011</u> and assigned Florida document number <u>L11000059790</u>

This amendment is submitted to amend the following:

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

Perfect Tables LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:	<u></u>	2020	
(Principal office address MUST BE A STREET ADDRESS)		BT	[
		22	-
	5		ī
Enter new mailing address, if applicable:	נה דידי דידי		2
(Mailing address MAY BE A POST OFFICE BOX)		· 2:	

B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new registered</u> <u>agent and/or the new registered office address here</u>:

Name of New Registered Agent		
New Registered Office Address:		
	Enter Florida street add	fess
		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 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 Memb

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<u>Title</u>	<u>Name</u>	Address	Type of Action
			⊡Ada
			🗆 Remove
			[iChange
			🗆 Ada
			CRemove
			Change
			🖸 Add
			DRemove
			[]Change
			□ Add
			ElRemove
			ÜChange
		······	🗆 Add
			ERemove
			DChange
			CIAdd
			E.Remove
			DChange

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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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 November 21	2022	
ninti	ia lichayolon	
	gnature of a member or authorized representative of a member	_
Cynthia Richardson		

Typed or printed name of signee

Filing Fee: \$25.00