Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : GUZMAN & GUZMAN, P.A.

Account Number : I20080000090 : (305)670-1991 Phone : (305)670-1993 Fax Number

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN HANNA US LLC

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

HANNA US LLC		
(Name of the Limited Liability Co (A Florida Lim	ombany as if now appears on our records.) uted Liability Company)	
The Articles of Organization for this Limited Liability Comp Florida document number <u>L12000057249</u>	pany were filed on 04/27/2012	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
The new name must be distinguishable and end with 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	5)	
•		
Enter new mailing address, if applicable:		2
Mailing address MAY BE A POST OFFICE BOX)		
	and the second s	
B. If smending the registered agent and/or registered		enter the name of the ne
registered agent and/or the new registered office address	<u>here</u> :	SIA 9:
Name of New Registered Agent:		54
New Registered Office Address:		
-	Enter Florida str ae t address	
·	, Flori	
	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

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member

3056701993

Title	Name	Address	Type of Action
MGR	Luciana Valeria Bacolla	9499 Collins Ave.	= Add
		Ste 503	☐ Remove
		Surfside FI, 33154	· ·
MGR	DE JESUS DIAZ, SILVIA	9130 S Dadeland Blvd	□ Add
		Ste 1509	■ Remove
		Miami FI, 33156	
			D Add
			Remove
			Remove
		SEE ALCORIDA	St. St.
			Remove

3056701993

07/10/2014 14:31

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ffective date, if other than the date of filing	07/10/2014 (optional)
he effective date must be specific, cannot be prior to det the date this document is filed by the Florida Departmen	te of receipt or filed date and cannot be more than 90 days after
Dated JULY 10	2014
JULY 10	
JULY 10	2014

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