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## **COVER LETTER**

Division of Corp	orations		
SUBJECT: Tan	nela Sees	e LC ited Liability Company	
	(Vanic Or Citi	ned Classific Company	
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
•	Č	Ľ.	
	Tamela	Seese Name of Person	
	Tamela	Seese Ll Firm/Company	<u>C</u>
	6910 Sq.1	View Le.	NE
	Apollo J	Seach FL City/State and Zip Code	33572
	Tammy S. E-mail address: (	eese e gma to be used for future annual re	port notification)
For further information con	ncerning this matter, please ca		
Tamela Name of	Secse Person	at ( <u>\$13</u> ) Area Code	833-7840 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)	Sed) \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Registration Section

TO:

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.

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

(A Florida Limited Liability Company)

SECRETALIAN SEE, FL The Articles of Organization for this Limited Liability Company were filed on 311812013 and assigned Florida document number L13000040371. This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Tamela Hahn 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)

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:

Tamela Hahn Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Apollo Beach Florida 533572

City Zip Code

## New Registered Agent's Signature, if changing Registered Agent:

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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

or removed from our records: 10.5+ name change only MGR = Manager AMBR = Authorized Member **Address Type of Action** Title Name 6910 Sail View Lane Bridd Tamela Hahn MGR Apollo Beach, FL 33572 - Remove \_\_\_\_\_ Change □ Add ☐ Remove ☐ Add ☐ Remove □ Change  $\square$  Add ☐ Remove ☐ Change ☐ Remove ☐ Change □ Add □ Remove

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added

☐ Change

(If an ei <u>Note:</u>	tive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Dated	12/26/2018.
	Signature of a member or authorized representative of a member
	Tamela Hahn Typed or printed name of signee

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Filing Fee: \$25.00