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COVER LETTER

Division of Co			
SUBJECT: HA	NEN A GO), LLC	
	Name of Lin	nited Liability Company	
The maloural Aminton of	· Amarada and and a color	to the div	
	Amendment and fee(s) are sub	· ·	
Please return all correspo	ondence concerning this matter	to the following:	
	Kobe	RT E. DE	LIEL
	DE 2i	EL COMP	ANY
	POBO	x 936 Address	
	PALM	BEACH, F	L 33480
	RED @ DA	City/State and Zip Code E 2 E L COMPA to be used for future annual report noti	Ny. Co M
For further information c	oncerning this matter, please co	all:	
Robert Name o	T DENEL	at (<u>\$61</u>) <u>\$46</u> Area Code Daytim	e Telephone Number
Enclosed is a check for the	ne following amount:		
\$25.00 Filing Fee	S30.00 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Company as it now appears on our records.) (A Florida Limited Liability Company)

Name of New Registered Agent: New Registered Office Address:	Enter Florida street address , Florida	
ent and/or the new registered office address here Name of New Registered Agent:	Enter Florida street address	
ent and/or the new registered office address here Name of New Registered Agent:		
ent and/or the new registered office address here		Ü
ent and/or the new registered office address here		• . •
ent and/or the new registered office address here	•	:
If amending the registered agent and/or register	red office address on our records, <u>enter the nar</u>	ne of the new reg
Mailing address MAY BE A POST OFFICE BOX)		
nter new mailing address, if applicable:		
	:	
rincipal office address MUST BE A STREET AD	DRESS)	
nter new principal offices address, if applicable:		
e new name must be distinguishable and contain the words "I	limited Liability Company," the designation "LEC" or the a	abbreviation "L.L.C."
. If amending name, <u>enter the new name of the li</u>	···	
nis amendment is submitted to amend the following		
air amandmant is submitted to account the falls of		
- 150000 V	857	
he Articles of Organization for this Limited Liability orida document number <u>L 13 0000 68</u>		

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 Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			Remove
			□Change
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t an effective do Note: If the d	e, if other than the date is listed, the date must hate inserted in this blockfective date on the Dep	e specific and k does not m	cannot be prior to eet the applica	o date of filing or ble statutory fili	more than 90 day	(optional) s after filing.) Purs s, this date will :	uant to 605.0207 not be listed as
record specif	ies a delayed effective (date, but not a	an effective tin	ne. at 12:01 a.m	on the earlier	of: (b) The 90ti	n day after the
Dated M	arch 35	<u>w</u>	2021				
	Robert	1 Dezu	d	_			
	Si	gnature of a m	ember or author	ized representation	u afa masas		