# 213000094661

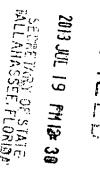
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(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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	A. LUN	IT .

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# **COVER LETTER**

TO: Registration Sec Division of Corp				
SUBJECT: Hax	nna Engin Name of Limit	eer Liability Company	s, LLC	
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspor	ndence concerning this matter	to the following:		
	Consta	ntine Hanna Name of Person		
		Firm/Company  112 Ave. Apt.	315 EE	2013 JUL 19
	Miam,	Address  FL 33/76  City/State and Zip Code	14.4	9 1 7
	E-mail address: (to	1017@aol.com	On)	GD .
For further information co	oncerning this matter, please ca	ail:		
_Constanti	ne Hanna Person	at ( <u>305</u> ) <u>3 3 5 -</u> Area Code & Daytime Te	3533 dephone Number	
Enclosed is a check for the	e 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 e	

### 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

Hanna Ena (Name of the Limited Liberature)	bility Company assignow appears on ourida Limited Liability Company)	ces LLC
The Articles of Organization for this Limited Liabil Florida document number	ity Company were filed on July	2, 2013 and assigned
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the Hanna Technic.  The new name must be distinguishable and end with the "L.L.C."	al Services.	designation "LLC" or the abbreviation
Enter new principal offices address, if applicable	:	
(Principal office address MUST BE A STREET A	DDRESS)	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX	<u></u>	ZOU3 JUL 19 PA
B. If amending the registered agent and/or r registered agent and/or the new registered office	registered office address on our rec address here:	ords, enter the name of the new
Name of New Registered Agent:		
New_Registered Office Address:		
	Enter Flor	rida street address
		, 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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member Title <u>Name</u> **Address** Type of Action Remove Remove Remove Remove Remove

	er information, enter change(s) here: (Attach additional sheets, if n		
Tuly	Signature of a member or authorized representative of a member  Constantine Hanna  Typed or printed name of signee  Page 3 of 3  Filing Fee: \$25.00	2013 JUL 19 PM 12: 30 SECRETARY OF STATE MALLAHASSEE, FLORIDA	