L14000095235

(F	Requestor's Name)	
(/	Address)	
(/	Address)	
(0	City/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(E	Business Entity Name)	
(C	Oocument Number)	
Certified Copies	Certificates of	Status
Special Instructions t	o Filing Officer:	
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SECRETARY OF STATE

ALL AHASSES OF STATE

SEP 1 5 2014

T. BROWN

COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT:

Alan Hamzic 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:

Alan Hamzic
Name of Person
Alan Hamzic LLC
Firm/Company
3030 N Rocky Point Dr Ste 150A
Address
Tampa, FL 33607
City/State and Zip Code
eniewial@yahoo.com

For further information concerning this matter, please call:

A 1				
ΑI	an	Ha	mzi	C

_{ar},786,546-3382

Name of Person

Area Code

E-mail address: (to be used for future annual report notification)

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 (additional copy is enclosed)

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



Alan Hamzic LLC

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

The Articles of Organization for this Limited Lie	ability Company were filed on 06/13/	2014 and assigned
Florida document number L14000095235	·	
This amendment is submitted to amend the follo	owing:	
A. If amending name, enter the new name of	the limited liability company here:	
The new name must be distinguishable and end with the v	words "Limited Liability Company," the design	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	able:	
(Principal office address MUST BE A STREET	T ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE E	<u></u>	
B. If amending the registered agent and/oregistered agent and/or the new registered off Name of New Registered Agent:		records, enter the name of the new
New Registered Office Address:	Enter Florida str	
	Enter Fioriaa Mr	
	City	, Florida Zip Code
New Registered Agent's Signature, if changing Re		24) 33.00
I hereby accept the appointment as registered provisions of all statutes relative to the prope accept the obligations of my position as regist being filed to merely reflect a change in the recompany has been notified in writing of this c	l agent and agree to act in this capac r and complete performance of my d tered agent as provided for in Chapt egistered office address, I hereby cor	ities, and I am familiar with and er 605, F.S. Or, if this document is
	If Changing Registered Agent, Si	gnature of New Registered Agent

Page 1 of 3

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Oliver Bartalos	19201 Collins Ave Apt 9	29 ■ ∧dd
		Sunny Isles Beach, FL 331	60 □ Remove
			
			Add
			☐ Remove
			Add
			☐ Remove
			Add
			□ Remove
·			
			□ Remove
			□ Remove

 If amending any other information, enter change(s) here: (Attach addit 	ional ancels, if necessur.
E. Effective date, if other than the date of filing: (The effective date must be specific, cannot be prior to date of receipt or filed date and cannot the date this document is filed by the Florida Department of State)	be more than 90 days after
Dated September 2 3014.	
Signature of a member or authorized representative	e of a member
Alan Hamzic	

Page 3 of 3

Filing Fee: \$25.00