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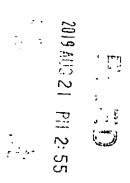
(Requestor's Name)
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(Business Entity Name)
(Document Number)
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COVER LETTER

TO:	Registration So Division of Cor					
CHIDA		HANSEN LLC				
SUBJECT:Name of Limited Liability Company						
The er	iclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please	return all correspo	ndence concerning this matter	to the following:			
		AUGUST HANSEN				
		. <u></u>	Name of Person	 		
		AUGUST HANSEN LLC				
			Firm/Company			
		1051 CHEROKEE DRIVE	Ē			
			Address			
		TALLAHASSEE, FL 323	01			
		AUGUSTHANSEN@GM/	City/State and Zip Code AIL.COM			
		E-mail address: (to be used for future annual report notifi	ication)		
For fu	rther information c	oncerning this matter, please c	all:			
AUG	JST HANSEN		850 264-4800 at ()			
	Name o	f Person		Telephone Number		
Enclos	sed is a check for th	ne following amount:				
\$2	5.00 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



2019 11 13 21 PH 2: 55

AUGUST HANSEN LLC		* * * * * * * * * * * * * * * * * * *
(Name of the Limited Liab (A Flori	ility Company as it now appears on our records. da Limited Liability Company)	· · · · · · · · · · · · · · · · · · ·
The Articles of Organization for this Limited Liability	Company were filed on 04/30/2015	and assigned
lorida document number L15000076349		
this amendment is submitted to amend the following:		
. If amending name, enter the new name of the lin	mited liability company here:	
EQUITYFLOAT LLC		
he new name must be distinguishable and contain the words "Li	imited 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 ADD	DRESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
Malang data ess mar DE A 1 OST OF FICE BOX		
 If amending the registered agent and/or reg egistered agent and/or the new registered office ad 		enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	N 55 - 18 · ·	
	Enter Florida street address	
	, Flor	ida
	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 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>	Name	Address	Type of Action
			□ Adđ
			□ Remove
			□ Change
			□ Add
			□ Remove
			☐ Change
			Add
			☐ Remove
			☐ Change
			Add
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			Change

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fective date, if other than the neffective date is listed, the date must ote: If the date inserted in this blocument's effective date on the De	ock does not meet the ap	pplicable statutory fili	nore than 90 days after filing ng requirements, this date) g.) Pursuant to 605.020 e will not be listed a
record specifies a delayed The 90th day after the reco		not an effective	time, at 12:01 a.m.	on the earlier o
AUGUST 16th ted	2019			
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12 , 7	1			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00