# 15000076596

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# **COVER LETTER**

Division of Cor	porations			
SUBJECT: Have	9 It up G	thers U.C.	***	
	·			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	·	·
Please return all correspo	ndence concerning this matter	to the following:		
	Jason	Bruns Name of Person		
		Firm/Company		
-	280 John	Vuox Rd #	141	
	Tallahassee,	FL 323 City/State and Zip Code	503	
	E mail addraga	to be used for future annual repo	ort notification)	
	,	•	nt nourteaction)	
For further information co	oncerning this matter, please c	all:		
		a+ (		
Name o	f Person	at () Area Code I	Daytime Telephone Number	
Enclosed is a check for the	ne following amount:			
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	Certificate o  Cortified Co  (additional cop	f Status & py

TO:

**Registration Section** 

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

Hana It UD Gutt	ex LLC		丁麦
(Name of the Limited Liabili (A Florida	ty Company as it now appears on a Limited Liability Company)	our records.)	— (22 %)
The Articles of Organization for this Limited Liability C	Company were filed on5	1/15	and assigned
Florida document number	<u>e</u> .		۱.۳ دن ده
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ited liability company here:		٠
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the design	nation "LLC" or the abbrevia	ition "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADD)	RESS)		
	•	· · ·	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			<del></del>
	·		·
	`		
B. If amending the registered agent and/or registered agent and/or the new registered office add		r records, enter the	name of the new
registered agent and/or the new registered office add	ress nere.		
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida :	street address .	
	•	, Florida	·
	City		ip 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

AMBR = At	anager athorized Member		
Title	<u>Name</u>	Address	Type of Action
MGR	Jason Bruns		
	•		<b>X</b> Remove
			Change
AMBR	Eric Burch	·	□ Add
			Remove
		·	☐ Change
·		•	
			☐ Remove
		• •	☐ Change
<del></del>	· · · ·		· _□ Add
			Remove
			☐ Change
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			(T) PAF
·			Change Change Con PORALIE
			□ Remove
		•	•

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

☐ Change

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·	·
	<del></del>
	-
·	٠.
tive date, if other than the date of filing: (optional)	
ive date, if other than the date of filing:  [cetive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be sent's effective date on the Department of State's records.	o 6

Filing Fee: \$25.00