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(Requestor's Name)	
(Address)	
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PICK-UP WAIT	MAIL
(Business Entity Name)
(Document Number)	
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Special Instructions to Filing Officer:	





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COVER LETTER

Division of Corpo			•
SURJECT:	annahs Br	NW LLC	
	Name of Limi	ited Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspond	dence concerning this matter	to the following:	
	Anne	Large	
		Name of Person	
		Firm/Company	
	6056 F	agle wantch C	+
	6034 2	agle Watch Co	
	N E+	Myers FL City/State and Zip Code + Myers @ Msn to be used for future annual report notif	23917
		City/State and Zip Code	<u> </u>
	anne for	+ myers @ msn	· (0W
			ication)
For further information cor	ncerning this matter, please ca	all:	
Anne	Lange	at (239) 73(-1	1879
Name of I	Person	Area Code 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 &	☐ \$60.00 Filing Fee, Certificate of Status &
	Certificate of Status	Certified Copy (additional copy is enclosed)	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

Hannahs Brow Ll	
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number	were filed on 11-10-2015 and assigned
A. If amending name, enter the new name of the limited liab	pility company here:
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	1415 Pine Island Rd NE Cape Coral FL 33909
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here.	office address on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address , Florida
	City Zin Code
Non-Desistand Agent's Cignotum if shanging Desistand Agent	•

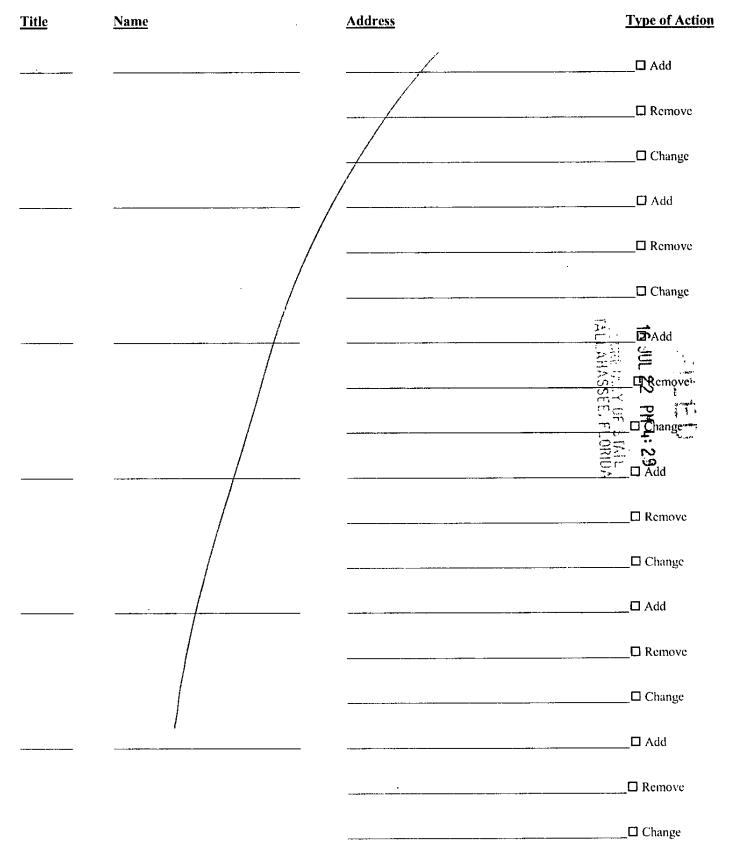
New Registered Agent's Signature, if changing Registered Agent:

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



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Note: If the	ate, if other that date is listed, the die date inserted in effective date on	this block does i	not meet the a	applicable sta	of filling or more t	(optio han 90 days after quirements, this	filing.) Purs	suant to	605.0207 listed as
	specifies a de h day after th			it not an e	ffective time	e, at 12:01 a	.m. on t	he ea	rlier of
Dated	7-18-16)		· ·					

Page 3 of 3

Filing Fee: \$25.00