L16000028268

(Red	questor's Name)	
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(Cit	y/State/Zip/Phone	e #)
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COVER LETTER

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em	D [E/CT.	Hancock Da	rive LLC	/	/
SUI	DJEC I;	Division of Corporations			
The	enclosed	Articles of	Amendment and fee(s) are sub	mitted for filing.	•
Plea	ise return	all correspo	ndence concerning this matter	to the following:	
			Jorge M Castillo CPA	•	
				Name of Person	
				Firm/Company	
			9190 Sunset Drive		
				Address	
			Miami, FL 33173		
				City/State and Zip Code	
			E-mail address: (to be used for future annual report notific	cation)
For	further in	formation co	oncerning this matter, please ca	all:	
Jorg	ge M Cas			-+ /	
		Name of	Person	Area Code Daytime	Telephone Number
Enc	losed is a	check for th	e following amount:		
	\$2 5.00 Fi	ling 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**



Hancock Drive LLC

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

		and assigned
This amendment is submitted to amend the following:	•	
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailling address, if applicable: (Mailling address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida Gity Tip Code		
The new name must be distinguishable and contain the words "Limite	ed 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 ADDRE	<u></u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		s, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	mber L16000028268 ubmitted to amend the following: me, enter the new name of the limited liability company here: istinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." offices address, if applicable: ress MUST BE A STREET ADDRESS) address, if applicable: AY BE A POST OFFICE BOX) me registered agent and/or registered office address on our records, enter the name of the new Mor the new registered office address here: ew Registered Agent: ered Office Address: Enter Florida street address	
	, Flo	orida
New Registered Agent's Signature, if changing Registered A		Zıp Code

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>	<u>Name</u>	Address	Type of Action
CoMgr	Leilani Duncan	9341 SW 62 St, Miami, FL 33173	■ Add
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Effec	tive date, if other th	an the date of filing:		(optional)	
(If an e	ffective date is listed, the	date must be specific and cannot be p	rior to date of filing or more than	90 days after filing.) Pursuant to 605.0 ements, this date will not be listed	0207 (3) d.as.th
		n the Department of State's reco		ements, this date with not be noted	u 23 iii
	ecord specifies a d e 90th day after t		not an effective time, a	at 12:01 a.m. on the earlie	r of:
Datas	FEBRUARY	74 2016			
Date	1 - 2 - 2 - 2 - 2 - 2	24, 2016, Levru Signature of a member or a	•		
	Charle	Leven		· 	
		Signature of a member or a	uthorized representative of a me	mber	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00