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K.SALY EXAMINER

MAR -7 -

COVER LETTER

Division of Co	or horacions.		
SUBJECT:	Hadika & Af	Fan LLC	
	Name of Lim	ited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub-	mitted for filing.	
Please return all corresp	pondence concerning this matter	to the following:	
		•	
	A	Name of Person	
		Name of Person	
	A	CS + Allowate Firm/Company	., Inc
		Firm/Company	
	2081	· West Pix	m H-)
		o Well Plx Address	
	\mathscr{D}	Mani E	271FV
		City/State and Zip Code	371FV
) White	Thomas or e	701.102
	E-mail address: (t	to be used for future annual	report notification)
For further information	concerning this matter, please ca	ıll:	
And	of Person	at (725)	657-775 ⁻³
Name	of Person	Area Code	Daytime Telephone Number
Enclosed is a check for	the following amount:		
S25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55,00 Filing Fee & Certified Copy (additional copy is enc	Certificate of Status &

MAILING ADDRESS:

TO:

Registration Section

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

ARTICLES OF ORGANIZATION
ARTICLES OF ORGANIZATION OF 2016 Mark - 3 AM 11: 02 (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
TAR-3
Hadika & Affan LLC MITTERS AMII: 02
(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 Liability Company were filed on 2/11/2016 and assigned
Florida document numberLIGOOOOZ9572
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 "L.L.C."
The new name must be distinguishable and comain the words. Elimited Elability Company. The designation Lee of the above tution. L.E.C.
Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)
Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)
B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the neregistered agent and/or the new registered office address here</u> :
Name of New Registered Agent:
New Registered Office Address:
Enter Florida street address

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.

City

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
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MGR	Lanner 1, 14 A 4	Wellington, PL 33447	
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Effecti	ve date, if other than the date of filing: 2/11/2016 (optional) ective 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 605.020
i un on	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
	ent's effective date on the Department of State's records.
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Page 3 of 3

Filing Fee: \$25.00