L16000072790

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

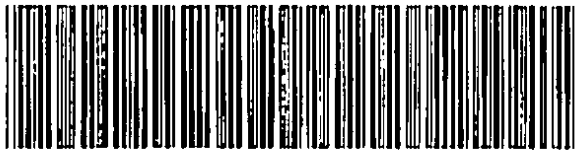
(Business Entity Name)

(Document Number)

tified Copies _____ Certificates of Status _____

ecial Instructions to Filing Officer:

Office Use Only



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10/08/20--01006--010 **60.00

FILED
2020 OCT -8 PM 4:07
STATE
FLORIDA

US
10/8/20

COVER LETTER

Registration Section
Division of Corporations

BJECT: HALLISCO LLC / MGR LEGAL NAME CHANGED
Name of Limited Liability Company

: enclosed Articles of Amendment and fee(s) are submitted for filing.

ase return all correspondence concerning this matter to the following:

YULIE ROESWANA ALIAS YULIASMINI ENU
Name of Person

HALLISCO LLC
Firm/Company

1500 FLORIDA AVE.
Address

SAINT CLOUD, FLORIDA 34769
City/State and Zip Code

YULI@HALLISCO.COM
E-mail address: (to be used for future annual report notification)

2007 OCT -8 PM 4:07

further information concerning this matter, please call:

ULIE ROESWANA at (863) 595 3678
Name of Person — Area Code — Daytime Telephone Number

closed is a check for the following amount:

- ☐ $25.00 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 Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

HALLISCO, LLC

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

e Articles of Organization for this Limited Liability Company were filed on APRIL 14, 2016 and assigned
orida document number L16000072790.

is amendment is submitted to amend the following:

If amending name, enter the new name of the limited liability company here:

LLISCO, LLC

new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

ter new principal offices address, if applicable:
incipal office address MUST BE A STREET ADDRESS)

SAME AS ABOVE
1500 FLORIDA AVE. ST. CLOUD - FLORIDA 34769

ter new mailing address, if applicable:
ailing address MAY BE A POST OFFICE BOX)

SAME AS ABOVE
1500 FLORIDA AVE. ST. CLOUD - FLORIDA 34769

If amending the registered agent and/or registered office address on our records, enter the name of the new registered nt and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____
Enter Florida street address

_____, **Florida** _____
City *Zip Code*

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

ereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the visions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and cept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is ng filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability npany has been notified in writing of this change.

_____
If Changing Registered Agent, Signature of New Registered Agent

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

GR = Manager
MBR = Authorized Member

tle	Name	Address	Type of Action
GR	ENU YULIASMINI	1500 FLORIDA AVE. ST. CLOUD - FL 34769	☐ Add
			■ Remove
			☐ Change
GR	YULIE ROESWANA	1500 FLORIDA AVE. ST. CLOUD - FL 34769	■ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

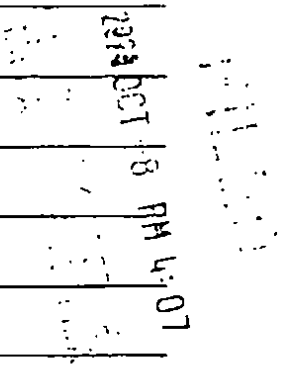
If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

I HAVE CHANGED MY LEGAL NAME FROM ENU YULIASMINI TO MY NEW NAME

YULIE ROESWANA

BY NATURALIZATION (CITIZENSHIP). PLEASE FIND ENCLOSED THE DOCUMENT APPROVAL FROM

THE COURT AS EVIDENCE.



Effective date, if other than the date of filing: _____ **(optional)**

(If an effective 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 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

he record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ord is filed.

Dated OCT 06 2020

Signature of a member or authorized representative of a member

YULIE ROESWANA

Typed or printed name of signee

Petition for Name Change

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form N-662

Name of Court
US DISTRICT COURT OF ORLANDO

Information About You (Petitioner)

As part of the naturalization process, you have the opportunity to legally change your name. Please complete Item Numbers 1. - 8. (Type or print clearly.)

1. Full and Correct Name (Current Name)

Given Name (First Name)	Middle Name	Family Name (Last Name)
FNU		Yuliasmini

2. Mailing Address

Street Number and Name	City or Town	State	ZIP Code
2349 Paulette Drive	Haines City	FL	33844

3. Country of Citizenship or Nationality	4. Date of Birth (mm/dd/yyyy)	5. Alien Registration Number (A-Number)
Indonesia	07/01/1961	A- 0 8 6 9 3 3 6 2 1

6. ☒ I certify that I am not seeking a name change for any unlawful purpose such as the avoidance of debt or evasion of law enforcement.

7. I petition the court to change my name to:

First Name	Middle Name	Last Name
Yulie		Pongwana

8. Signature and Date

Signature of Petitioner (Use your current name)	Date (mm/dd/yyyy)
	3-18-18

Certification of Name Change

I certify that the above petition was granted by the court on this date, AUG 30 2018 (mm/dd/yyyy)

Signature of Clerk	Signature of Deputy Clerk
Elizabeth M. Warren	

Important Information

Your copy of this petition, along with your Certificate of Naturalization, which you will receive upon taking the oath of allegiance, will verify that you elected to change your name. Your Certificate of Naturalization bears your new name as changed per order of the court.

Authorized Translation

CSL

CIVIL REGISTRY

(INDONESIAN CITIZEN)

EXCERPT OF

BIRTH CERTIFICATE

No.32/1993.-

From Supplement register on birth in accordance with state gazette Year 1920 No.751 in Subang it appears, that in Subang, dated the first day of July, on Saturday, at 22.30 Wib, one thousand nine hundred sixty one has been born:

a daughter whose named:

----------YULIASMINI ----------

The second daughter of the married couple:

----------ROESWANA----------

and

----------HASANAH ----------

This excerpt is in accordance with today's situation.

Subang, on the fifth day of January

one thousand nine hundred ninety three

Head of Civil Registry Office

Regency of Subang regional Level II

(signed & stamped)

R. SY. HUSEN HARDJADINATA, SH.

Administrator Level I

NIP.010.096.460.

I, FAICHEROZAK, a sworn and authorized translator, by virtue of Jakarta Capital Territory Governor's Decree No. 3065/2003, practicing in Jakarta, do solemnly and sincerely declare that the foregoing document is a true and faithful translation from Indonesian into English of the original version.

Jakarta, November 22, 2008

THE UNITED STATES OF AMERICA

No. 40099582

CERTIFICATE OF NATURALIZATION

Personal description of holder as of date of naturalization:

Date of birth: JULY 01, 1961

Sex: FEMALE

Height: 5 *feet* 4 *inches*

Marital status: DIVORCED

Country of former nationality: INDONESIA

USCIS Registration No. A086933621

I certify that the description given is true, and that the photograph affixed hereto is a likeness of me.

(Complete and true signature of holder)

Be it known that, pursuant to an application filed with the Secretary of Homeland Security

at: ORLANDO, FLORIDA

The Secretary having found that:

YULIE ROESWANA

residing at: SAINT CLOUD, FLORIDA

having complied in all respects with all of the applicable provisions of the naturalization laws of the United States, being entitled to be admitted as a citizen of the United States, and having taken the oath of allegiance at a ceremony conducted by

US DISTRICT COURT FL

at: ORLANDO, FLORIDA *on:* AUGUST 30, 2018

such person is admitted as a citizen of the United States of America.

2.Fxc

U.S. Citizenship and Immigration Services

ALTERATION OR MISUSE OF THIS CERTIFICATE IS A FEDERAL OFFENSE AND MAY BE PROSECUTED

DEPARTMENT OF HOMELAND SECURITY

Florida

DRIVER LICENSE

USA

4d DLN R250-960-61-741-0 9 CLASS E

1 ROESWANA
2 YULIE
8 1500 FLORIDA AVE
SAINT CLOUD, FL 34769
3 DOB 07/01/1961 15 SEX F
4b EXP 07/01/2026 16 HGT 5'-02"
12 REST NONE 9a END NONE

DONOR

SAFE DRIVER
4a ISS 09/28/2017
5 DD H7020061501164
REPLACED 06/18/2020

Operation of a motor vehicle constitutes consent to any sobriety test required by law