

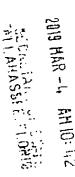
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# **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: 10710 HiBis Cus, LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
CHERYL IHANSEN, MGR
10710 HBISCUS, LLC Fini/Company
220 OSOWAW BLVD Address
Spring Hill FL 34607 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
CHERYL IHANSEN at 262 215-5573  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Satus Solution Status Solution Status Solution See Sature Solution See Solutio

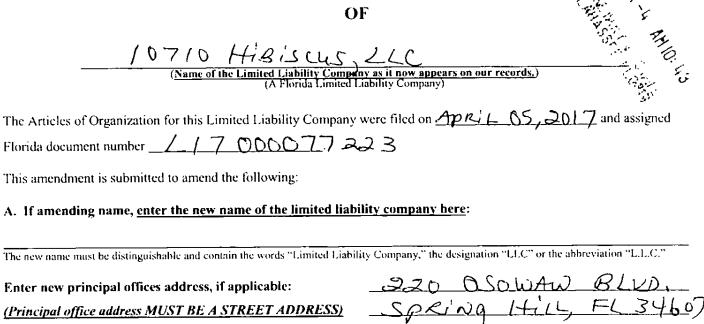
### MAILING ADDRESS:

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



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: 220 OSOWAW BLVD;

Enter Florida street address

Spring Hill Florida 34607

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

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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 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>	Name	Address	Type of Action
mgr	SHERYL HANSEN	220 OSOWAW BLVI	_□ Add
		Spring Hill, FL 346	<u>U</u> Z□ Remove
			Change
ogr	RUSSELL HANSEN	220 OSOWAW BLKD	Add
		Spring HILL, FL 3460,	Remove
			Change
AP	CHERY L HANSEN FRO	220 OSOWAW BLVD	
	THE LANGER FULK LZD	Spring Hill, FL 346	∑□ Remove
			Change
Ap	RUSSELL HANSEN FBD THE HANSEN YOLK PSP	220 010 WAW BLYP	_□ Add
	1 Hz HANZEN HOLK BSP	Spring Hill, Fl346	Remove
			Change
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(If an effe Note:	ve date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	2/28 -2019.  Life type of a member of a member of a member.
	Signature of a member or authorized representative of a member
	Mentale of a month of a manner of the manner

Page 3 of 3

Filing Fee: \$25.00