

L170000 85861

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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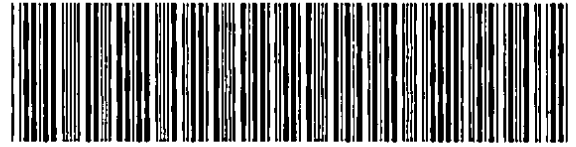
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

*TO
3/11/19*

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 5444-46 CHARLES ST., 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 HANSEN, mgr
Name of Person

5444-46 CHARLES ST., LLC
Firm/Company

220 OSOWAW BLVD
Address

SPRING HILL, FL 34607
City/State and Zip Code

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

For further information concerning this matter, please call:

CHERYL HANSEN at (262) 215-5673
Name of Person Area Code Daytime Telephone Number

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SECRETARY OF STATE
TALLAHASSEE, FL 32301

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Enclosed 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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

5444-46 CHARLES ST., LLC

(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 APRIL 18, 2017 and assigned Florida document number L17 000085861

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."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

220 OSOWAW BLVD
SPRING HILL, FL 34607

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

220 OSOWAW BLVD
SPRING HILL, FL 34607

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

City

Florida

34607

Zip Code

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 a or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
mgr	CHERYL HANSEN	220 OSOWAD BLVD	<input type="checkbox"/> Add
		Spring Hill, FL 34607	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
mgr	RUSSELL HANSEN	220 OSOWAD BLVD	<input type="checkbox"/> Add
		Spring Hill, FL 34607	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AP	CHERYL HANSEN TEE FBO HANSEN 401K Psp	220 OSOWAD BLVD	<input type="checkbox"/> Add
		Spring Hill, FL 34607	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AP	RUSSELL HANSEN TEE FBO HANSEN 401K Psp	220 OSOWAD BLVD	<input type="checkbox"/> Add
		Spring Hill, FL 34607	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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HALLWAY SEC. FLOOR
HALLWAY SEC. FLOOR

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.

Dated 2/28, 2019

Signature of a member or author

Signature of a member or authorized representative of a member

CHERYL HANSEN

Typed or printed name of signee