

U7000 107182

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

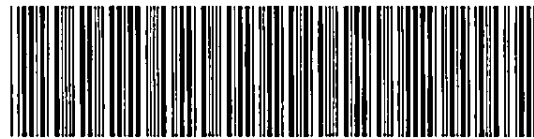
(Business Entity Name)

(Document Number)

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2019 MAR -4 AM 10:42  
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**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** 8706 ALLAMANDA ST LLC  
Name of Limited Liability Company

2019 MAR -4 AH10:11Z  
REGISTERED IN  
TALLAHASSEE, FL 32301

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

8706 ALLAMANDA ST LLC  
Firm/Company

220 OSLOWAY 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

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**

2018 MAR -4 AM 10:42  
REGISTRATION  
WILLIAMS

8706 ALLAMANDA 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 May 15, 2017 and assigned Florida document number L17000107182

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, Florida 34607  
City 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 added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>mgr</u>	<u>CHERYL HANSEN</u>	<u>220 OSOWAY BLVD</u>	<input type="checkbox"/> Add
		<u>SPRING HILL, FL 34607</u>	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
<u>mgr</u>	<u>RUSSELL HANSEN</u>	<u>220 OSOWAY BLVD</u>	<input type="checkbox"/> Add
		<u>SPRING HILL, FL 34607</u>	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
<u>AP</u>	<u>CHERYL HANSEN FBO THE HANSEN 401 KPSP</u>	<u>220 OSOWAY BLVD</u>	<input type="checkbox"/> Add
		<u>SPRING HILL, FL 34607</u>	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
<u>AP</u>	<u>RUSSELL HANSEN FBO THE HANSEN 401 KPSP</u>	<u>220 OSOWAY BLVD</u>	<input type="checkbox"/> Add
		<u>SPRING HILL, FL 34607</u>	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
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