

Florida Department of State Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations Fax Number : (850)617-6383

From:

Account Name Account Number	•	INCORP SERVICES	INC
Phone		(702)866-2500	
Fax Number	:	(702)866-2689	

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

: CRID:	LLC AMND/RESTATE/CORRECT HANOVER SQUARE ADVI		SIGN
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<u> </u>	Estimated Charge	\$25.00	

S_WARREN

AUG 2 4 2017

Electronic Filing Menu

Corporate Filing Menu

Help

			10:40:11 a.m.	08-23-2
		OTTER		
	C	OVER LETTER		
TO: Registration Section Division of Corpo	on rations			
	QUARE ADVISORS, LLC	ā.s	,,,,	
SUBJECT:	Name of Limite	d Liability Company		
The enclosed Articles of Ar	nendment and fee(s) are subm	itted for filing.		
	ence concerning this matter to			
		Joanna Fernandez		
		Name of Person		
		InCorp Services, Inc.		
		Firm Company		
	3773 H	oward Hughes Pkwy Suite 500S		
		Address		
	L	as Vegas, NV 89169-6014		
		City State and Zip Code	·	
	c	locuments@incorp.com		
	E-mail address: (1	o be used for future annual report no	nncanon)	
For further information co	ncerning this matter, please ca	un: <u>,_:</u>		
the second se	alf of InCorp Service, Inc.	at (702) 866-2500		
Joanna Pernandez on der Name of	Person	Area Code Daytin	ne Telephone Number	
Enclosed is a check for th	e following amount:			
S25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	e of Stati
MAIL	ING ADDRESS:	Registration Sec	RIER ADDRESS:	
Divisio	ntion Section n of Corporations	Division of Corp Clinton Building	orations	
P.O. B	ax 6327 Issee, FL 32314	2661 Executive Tallahassee, FL	Center Circle	

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HANOVER SQUARE ADVISORS, LLC

(Name of the Limited	Hability Company as Florida Limited Liabilit	t now nubcars on our pecords. y Company))			
The Articles of Organization for this Limited Liab Florida document number <u>L17000115512</u>				and ass	igned	
This amendment is submitted to amend the follow	ring:					
A. If amending name, enter the new pame of t	<u>he limited liability (</u>	<u>ompany here</u> :				
The new name must be distinguishable and contain the wor Enter new principal offices address, if applicat (Principal office address MUST BE A STREET	ole:	mpuny," the designation "LLC"			L.C."	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B						
B. If amending the registered agent and/o registered agent and/or the new registered off	r registered office ice address here:	address on our records	, <u>ente</u>	r the name	17 = 117 = 117 = 117 = 117	<u>e ncw</u>
Name of New Registered Agent:	InCorp Services			 	3 AT	
New Registered Office Address:	17888 67th Co	urt North Enter Florida street ackires	<u>.</u>		- ci	
	Lovabatchee	Fl	orida	33470	06	

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

Joanna Fernandez on behalf of InCorp Services, Inc. A MULLANS 1111110 If Changing Registered Ment, Simplure of New Registered Agent

Zip Code

Page 1 of 3

3/5

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
AMBR	Thomas Sakaris	16337 Burnister Drive	Ъру П
		Tampa Palms, FL 33647	Remove
			Change
AMBR	Katerina Sakaris	525 Park Blvd, apt 1102	Ačd
		San Diego, CA 92101	C Renove
			Cłurge
			🖸 Add
			Remove
			Change
		;	Add
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			Change
			Add
			Remove



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E. Effective date, if other than the	t date of filing:	(0)tional) hnn 90 days after filing.) Pursuant to 605
Nota: 1 the date insertion 11 1015 3	JOCK GOCS HOL HIGE CHE GRIPHER PLAN P	quirements, this date will not be list
document's effective date on the E	Department of State's records.	
		12.01 p.m. op the Aarli
If the record specifies a delaye (b) The 90th day after the rec	d effective date, but not an effective time	
(b) the solid day after the rec		
Dated August 21	2017	
		11
V Tho	nstrans	
<u>_</u>	Signature dea member or authorized representative of a	- 47
	Thomas Sakaris	
	Thomas Sakaris	23 33 71 8

Page 3 of 3 Filing Fee: \$25.0%

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