17000/49850

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
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| Division of Co | | | | | | |
|-----------------------------------|---|---|---|--|--|--|
| Name of Limited Liability Company | | | | | | |
| The enclosed Articles o | f Amendment and fee(s) are sub | mitted for filing. | | | | |
| Please return all corresp | ondence concerning this matter | to the following: | | | | |
| | George Ramani | | | | | |
| | | Name of Person | | | | |
| | LAW OFFICES OF GEO | RGE T RAMANI & ASSOC PL | | | | |
| | | Firm/Company | | | | |
| | 255 ARAGON AVENUE | 2nd Floor | | | | |
| | | Address | | | | |
| | Coral Gables, FL 33134 | | | | | |
| | | City/State and Zip Code | | | | |
| | bgeorge@calas.us | | | | | |
| | E-mail address: (| to be used for future annual report notifi | cation) | | | |
| For further information | concerning this matter, please c | all: | | | | |
| George Ramani | | 305 4955222 | | | | |
| Name | of Person | at () 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 | | | |
| MA 11 | LING ADDRESS: | STREET/COURI | ER ADDRESS: | | | |

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Ft. 32314

TO: Registration Section

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

| Hansur LLC | | |
|---|---|--------------------------|
| (<u>Name of the Limited Liability (</u> (A Florida Lii | Company as it now appears on our records.) mited Liability Company) | |
| The Articles of Organization for this Limited Liability Com- Florida document number <u>L17000149850</u> | and assigned | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited | d liability company here: | |
| The new name must be distinguishable and contain the words "Limited | I Liability Company," the designation "LLC" or t | he abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET ADDRES | <u> </u> | |
| | | - 11 - C - 11 - |
| | | - 0 |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
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| | | , water |
| B. If amending the registered agent and/or register registered agent and/or the new registered office address | | iter the name of the new |
| | | |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida street address | |
| **** | . Florida | |
| | 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, <u>enter the title, name, and address of each person</u> <u>being added</u> <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | Type of Action |
|--------------|----------------------|---------------------------------------|----------------|
| MGR | ORTIZ. PAZMINO DAVID | 17103 N BAY ROAD APT 401 | |
| | | Sunny Isles Beach, FI. 33160 | □ Remove |
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| ffective date, if other that an effective date is listed, the distance of the distance of the date inserted in ocument's effective date on the effective date of the 90th day after the | this block does not mee the Department of State layed effective dat | t the applicable statutory fi e's records. | ling requirements, this d | late will not be | listed as |
| ated Sptembe | | 2017 | | | |
| , | (| | 2 | <u>~</u> . | 2017 |
| | Signature of a mor | nber or authorized representat | rve of å member | | 2017 OC1 |
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| | <u> </u> | ped or printed name of signed | <u>/</u> | 14. | _ PH |
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Filing Fee: \$25.00