

L17000 209825

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

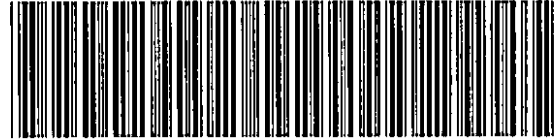
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2020 SEP -1 A 10 20
FALL RIVER SOCIETY

T. LEMIEUX
OCT 13 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HANOOMAN 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:

RAJASHREE SHAW

Name of Person

HANOOMAN LLC

Firm Company

13014 N DALE MABRY SUITE 109

Address

TAMPA FL 33618

City/State and Zip Code

52satyashaw@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RAJASHREE SHAW

901 550 2920
at (_____) _____
Area Code Daytime Telephone Number

Name of Person

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

FILED

HANOOMAN LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

2017 SEP 12 A 01 20

The Articles of Organization for this Limited Liability Company were filed on 10/10/2017 and assigned
Florida document number L17000209825

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

SHAW FINANCIAL GROUP LLC

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:

13014 N DALE MABRY SUITE 109

(Principal office address MUST BE A STREET ADDRESS)

TAMPA FL 33618

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

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, 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>
MGR	SATYA SHAW	13014 N DALE MABRY SUITE 109	<input checked="" type="checkbox"/> Add
		TAMPA FL 33618	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	SONALI SHAW	13014 N DALE MABRY SUITE 109	<input checked="" type="checkbox"/> Add
		TAMPA FL 33618	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	P.G.ABHILASH	3014 N DALE MABRY SUITE 109	<input checked="" type="checkbox"/> Add
		TAMPA FL 33618	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	RAJASHREE SHAW	3014 N DALE MABRY SUITE 109	<input type="checkbox"/> Add
		TAMPA FL 33618	<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

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

[illegible]

F. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated AUGUST 28, 2020

Signature of a member

Signature of a member or authorized representative of a member

RAJASHREE SHAW

Typed or printed name of signee