6/28/2019



Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

	(shown below) on the top and bottom of all pages of the docu	ment.	
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	Note: DO NOT hit the REFRESH/RELOAD button on your browser in Doing so will generate another cover sheet.	<u>ــ</u> فيناً ـــا	
_	To: Division of Corporations Fax Number : (850)617-6383	3 20	C
	From: Account Name : EXPRESS CORPORATE FILING SERVICE IN Account Number : I20000000146 Phone : (305)444-4994 Fax Number : (305)444-4977 **Enter the email address for this business entity to be used		
	annual report mailings. Enter only one email address ple Email Address:	ase.** 	
(1)	LLC AMND/RESTATE/CORRECT OR M/MG RE	SIGN	
<u>:</u>	HATI LLC	•	
19 JUN 28 FIN	Certificate of Status 0 Certified Copy 0 Page Count 04 Estimated Charge \$25.00		
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_		JUL 1 2019	

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HATI LLC		40	
(Name of the Limited Liability Company a (A Florida Limited Liabi	ity Company)	nar.)	
The Articles of Organization for this Limited Liability Company we	re filed on 01/11/2018	and assigned	
THE ACTURES OF OT SAME ACTION FOR THE SEMENTED DISCUSSION OF THE PROPERTY OF T			
Florida document number L18000009225			
This amendment is submitted to amend the following:		1 28 m	
A. If amending name, enter the new name of the limited liability	company here:		
		رب ج	
The new name must be distinguishable and contain the words "Limited Liability (Company," the designation "LL	C" or the abbreviation L.L.C."	
Enter new principal offices address, if applicable:	<u> </u>		
(Principal office address MUST BE A STREET ADDRESS)			
(Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address here:	e address on our recor	ds, enter the name of the n	
Name of New Revistered Agent.			
New Registered Office Address:	President and and adds		
·	Enter Florida screet address		
		Florids	
	Criv	zip Code	
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete percept the obligations of my position as registered agent as pro	ertormance of my duties,	апа 1 ат јатише жил апа	

accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this docume 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

Title	Name	Address	Type of Action
	ADIL AVUNDUK	1551 N FLAGLER DR	
MGR	•———		
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		WEST PALM BEACH, FL 33401	D Change
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fective date, if other than the date of filing:	(optional)	
fective date, if other than the date of filing: In affective date is listed, the date must be specific and cannot be prior to date of filing or move. If the date inserted in this block does not meet the applicable statutory filing.	ore than 90 days after thing.) requirements, this date v	Pursuant to 605,0207 (will not be listed as (
cument's effective date on the Department of State's records.		
record specifies a delayed effective date, but not an effective t The 90th day after the record is filed.	Ime, at 12:01 a.m. o	on the earlier of:
ared		
_		
Handan Ikiisik Signature of a member of authorized representative	of a member	