## 1180000109022

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



900313734019

05/29/18--01011--015 \*\*25.0U

SECRETARY OF STATE DIVISION OF CORPORATION

4 COOPER MAY 3 1 2018

## **COVER LETTER**

Division of Co	orporations		
SUBJECT:	HENNAH INTERNAT	TONAL, LLC	
	Name of Lin	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	condence concerning this matter	to the following:	
	JOSEPH F. CABANAS		
		Name of Person	
	CABANAS & ASSOCIA	ΓES, P.A.	
	<del></del>	Firm/Company	
	10520 NW 26TH STREET	Γ - STE. C 201	
		Address	<del></del>
	DORAL, FL. 33172		
		City/State and Zip Code	
	maria@cabanaspa.com	<del></del>	
		to be used for future annual report notif	ication)
For further information (	concerning this matter, please ca	ıll;	
JOSEPH F. CABANA	ss	305 513 3639	
Name (	of Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for t	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:

TO:

Registration Section

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

		NATIONAL LEC		
(Name of the Limited)	Liability Compu Florida Limited	iny as it now appears on our recor Liability Company)	ds.)	
The Articles of Organization for this Limited Liabi Florida document number L18000069022	lity Company	were filed on MARCH 16, 20	and assigned	
This amendment is submitted to amend the following	ng:			
A. If amending name, enter the new name of th	e limited liah	oility company here:		
	N/A			
The new name must be distinguishable and contain the words	s "Limited Liabi	lity Company," the designation "LL	C" or the abbreviation "L.L.C."	_
Enter new principal offices address, if applicable	e:	10520 NW 26TH STREET	<b>☆</b>	33.
(Principal office address MUST BE A STREET A	(DDRESS)	STE C201	I A	TO SE
		DORAL, FL. 33172	2	79.Z.T
Enter new mailing address, if applicable:	10520 NW 26TH STREET		30430. 30430.	
Muiling address MAY BE A POST OFFICE BOX)		STE C201	<u>.</u>	AIE
	<del></del> -	DORAL, FL. 33172	Ö	_ <del></del>
B. If amending the registered agent and/or registered agent and/or the new registered office	e address her	<u>e</u> :	ls, enter the name of the	<u>new</u>
Name of New Registered Agent:	CABANAS & ASSOCIATES, P.A.			
New Registered Office Address:	10520 NW 261	TH STREET - STE. C 201		
		Enter Florida street addre	,x	_
<u></u>	DORAL		lorida <u>33172</u>	
		Спу	Zip Code	
New Registered Agent's Signature, if changing Regi	istered Agent:			

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

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 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	<u>Address</u>	Type of Action
	<u></u>		D Add
			Remove
			☐ Change
			□ Add
			☐ Remove
			☐ Change
<del></del>			□ Add
			□ Remove
			Change
			☐ Add
			☐ Remove
			☐ Change
			D Add
			☐ Remove
			☐ Change
			□ Add
		***	□ Remove

****	N/A	
		<del></del>
		<u></u>
11,10,0		
<del></del>		
		<b>ಪ</b>
		Z Z
		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
		9
		50
		<del></del>
And the date material miles	the date of filing:	_ (optional)  Tys after filing.) Pursuant to 605.0207 (3)  Ints, this date will not be listed as the
record specifies a dela The 90th day after the	yed effective date, but not an effective time, at 12 record is filed.	2:01 a.m. on the earlier of:
MAY 15	2018	
1	11.14	
× +1	uua Hiltu	
	Signature of a member or authorized representative of a member	

. D.

Page 3 of 3

Filing Fee: \$25.00