

LI8000206485

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

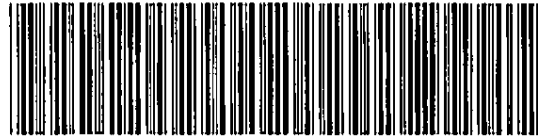
(Business Entity Name)

(Document Number)

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FILED  
2018 SEP 10 PM 5:47  
SECRETARY OF STATE  
CIVIL RIGHTS DIVISION

M. MILLIGAN  
SEP 21 2018

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: HAT & SOLE 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:

SHAHAB JAHANI  
Name of Person  
HAT & SOLE  
Firm/Company  
8151 BLIND PASS RD UNIT #19  
Address  
ST. PETE BEACH, FL 33706  
City/State and Zip Code  
Sjahani@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SHAHAB JAHANI at (703) 364-9673  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|---|---|--|--|

**MAILING ADDRESS:**  
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**

HAT & SOLE LLC

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

FILED  
2018 SEP 10 PM 5:47  
SECRETARY OF STATE  
TALLAHASSEE, FL 32399

The Articles of Organization for this Limited Liability Company were filed on 08/29/2018 and assigned  
Florida document number L18000206485

This amendment is submitted to amend the following:

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

SUNBIZ DIRECT 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:

(Principal office address MUST BE A STREET ADDRESS)

8151 BLIND PASS RD UNIT 19  
ST. PETE BEACH, FL 33706

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

8151 BLIND PASS RD UNIT 19  
ST. PETE BEACH, FL 33706

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:

SHAHAB JAHANI

New Registered Office Address:

8151 BLIND PASS RD UNIT #19

Enter Florida street address

ST. PETE BEACH, Florida 33706

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.*

Shahab Jahani

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	CALZADILLA, LEO	152 107 <sup>th</sup> AVE	<input type="checkbox"/> Add
		TREASURE ISLAND, FL	<input checked="" type="checkbox"/> Remove
		33706	<input type="checkbox"/> Change
AMBR	YURIEVA, ALINA	8151 BLIND PASS RD UNIT 19	<input type="checkbox"/> Add
		ST. PETER BEACH, FL 33706	<input checked="" type="checkbox"/> Remove
			<input 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
			<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.)

The zip code is 33706, not 3706  
missing one digit on record

E. Effective date, if other than the date of filing: 09/04/2018 (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 Sep 4<sup>th</sup>, 2018

Shahab Jahani

Signature of a member or authorized representative of a member

SHAHAB JAHANI

Typed or printed name of signee