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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: Hank	na Gristina	LLC	
зовлест: <u>- 1 (длу</u>	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Hanna	Mavino Name of Person	<u></u>
	Hanna (Marino LLC Firm/Company	
	650 Brian	o Cir Address	
		her FL 3250 City/State and Zip Code	
	<u>h mari no</u> E-mail address: (Fl@ gmail. com to he used for future annual report noti	fication)
For further information co	oncerning this matter, please ca	all:	
Hanna Ma	rjn0 Person	at (<u>850</u>) <u>226</u> 3. Area Code Daytim	532 e Telephone Number
Enclosed is a check for th	e following amount:		
□ \$25.00 Filing Fee		☐ \$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 S Division of C	Section	<u>Street Address:</u> Registration Se Division of Cor	
P.O. Box 632	•	The Centre of T	•

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Hanna Gr (Name of the Limited	t Stina Liability Compa Florida Limited I	LLC 1y as it now appears on our rec lability Company)	ords.)
The Articles of Organization for this Limited Liab	bility Company		
This amendment is submitted to amend the follow	ving:		
A. If amending name, enter the new name of t	,	·	
Hanna Marino LLe The new name must be distinguishable and contain the wor	ds "Limited Liabil	ity Company," the designation "I	J.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applical (Principal office address MUST BE A STREET	ole:		Cir per FL 32569
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE Bo	<u>0x)</u>	<u> </u>	2022 JAN
B. If amending the registered agent and/or reg agent and/or the new registered office address		ddress on our records, <u>ent</u>	ter the name of the new registered
Name of New Registered Agent:	Marin	o Hanna bri an Civ Enter Florida street ado	OF STATE
New Registered Office Address:	Mary	Enter Florida street ada Esther City	Florida 32569 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>	Address	Type of Action
CEO	Marino, Hanna	650 Brian Cir	
		650 Brian Cir Mary Esther	□Remove
		FL 32569	X Change
			□Add
			□Remove
			□Remove
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ecord sp is filed.	ecifies a delayed effective date, b	out not an effective ti	me, at 12:01 a.m. on	the earlier of: (b) The	: 90th day after the
ted		·			
		ALIA			
		re of a member or auth	orized representative of	a member	