L19000129444

(F	Requestor's Name)	
(A	Address)	
(A	Address)	
(C	Dity/Ŝtate/Zip/Phone #)	
PICK-UP	WAIT :	MAIL
(E	Business Entity Name)	
(0	Document Number)	
Certified Copies	Certificates of Status	
Special Instructions to	o Filing Officer:	





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COVER LETTER

	ration Section on of Corporations
SUBJECT: _	Hosanna Auto Broker LLC
_	Name of Limited Liability Company
The enclosed a	rticles of Amendment and fee(s) are submitted for filing.
Please return a	l correspondence concerning this matter to the following:
	ama Alexin
	Name of Person
	Firm/Company
	20831 San Simeon way AP+ 103
	Address
	Miami, P1 33179
	City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
For further int	rmation concerning this matter, please call:
<u> </u>	Name of Person at (401) 543 - 5763 Area Code Daytime Telephone Number
	Name of Person Area Code Daytime Telephone Number
	heck for the following amount:
⊠ \$25,00 Fil	ng Fee S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (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

Hosanna A	ato Biol	Cers UC	
(<u>Name of the Limited Liability C</u> (A Florida Lin	ompany as it now appea nited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability Com Florida document number <u>L19000129444</u>	pany were filed on	5/13/19	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	l liability company h	ere:	
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:	- <u></u>	 	
(Principal office address MUST BE A STREET ADDRES	<u></u>		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		ALL SHAJOCH OF L	2019 NOV 2 AH
B. If amending the registered agent and/or registere registered agent and/or the new registered office address		n our records, <u>ente</u>	er the name of the new
Name of New Registered Agent:			
New Registered Office Address:	Enter Flo	vida 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>	Address	Type of Action
<u> </u>	Gina Alexis	20831 San Simeon a	ON 10-Add
		API 103	□ Remove
		Miami, F1 33179	Change
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f an effect <mark>Note:</mark> - If	e date, if other than the date is listed, the date in the date inserted in this this effective date on the	iust be specific and block does not i	d cannot be prior to meet the applica			er filing.) Pursuant te	
	rd specifies a delay Oth day after the re				me, at 12:01	a.m. on the e	arlier d
Dated	Oth day after the ri	4th	. 2019	_· _			
		Signature of a	member or author	rized representative	of a member		_
		_		•			

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Filing Fee: \$25.00