

200000 3241

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☒ PICK-UP

☐ WAIT

☐ MAIL

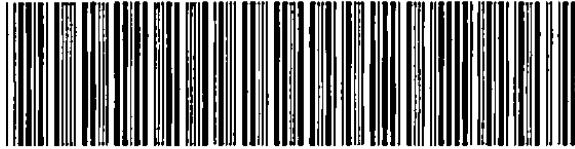
(Business Entity Name)

(Document Number)

Copies _____ Certificates of Status _____

Instructions to Filing Officer:

Office Use Only



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01/13/20--01019--020 **35.00

2020 JAN 13 PM 1:17

R. WHITE

JAN 27 2020

COVER LETTER

Registration Section
Division of Corporations

HANG LOOSE INVESTMENTS "LLC"

Name of Limited Liability Company

Articles of Amendment and fee(s) are submitted for filing.

All correspondence concerning this matter to the following:

YANIV ROSENBERG

Name of Person

HANG LOOSE INVESTMENTS "LLC"

Firm/Company

1855 Colonial Drive

Address

ORAL SPRINGS FL 33071

City/State and Zip Code

CRAVEFITNESS7003@GMAIL.COM

E-mail address: (to be used for future annual report notification)

Information concerning this matter, please call:

ROSENBERG

Name of Person

at (954)

Area Code

296-4704

Daytime Telephone Number

Check for the following amount:

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:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

HANG LOOSE INVESTMENTS 2/22/2020 PM 1:17

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

Articles of Organization for this Limited Liability Company were filed on 1/6/2020 and assigned
document number L2000003241.

Amendment is submitted to amend the following:

Changing name, enter the new name of the limited liability company here:

Amendment must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Principal offices address, if applicable:

(Office address MUST BE A STREET ADDRESS)

6761 W SUNRISE Blvd

PLANTATION FL 33313

Suite 18

Mailing address, if applicable:

(Address MAY BE A POST OFFICE BOX)

Changing the registered agent and/or registered office address on our records, enter the name of the new registered
agent and the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

City

Zip Code

Registered Agent's Signature, if changing Registered Agent:

I accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the
requirements of all statutes relative to the proper and complete performance of my duties, and I am familiar with and
understand the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is
submitted 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

g Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added
I from our records:

Manager
Authorized Member

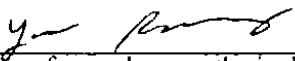
<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>KULPT, JEFFREY</u>	<u>399 W PALMETTO PARK RD,</u>	<input type="checkbox"/> Add
	<u>Boca Raton, FL 33432</u>	<input checked="" type="checkbox"/> Remove
		<input type="checkbox"/> Change
<u>ROSENBERG, YANIV</u>	<u>6761 W Sunrise Blvd</u>	<input checked="" type="checkbox"/> Add
	<u>Plantation FL, 33313</u>	<input type="checkbox"/> Remove
	<u>Suite 18</u>	<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
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		<input type="checkbox"/> Change
		<input type="checkbox"/> Add
		<input type="checkbox"/> Remove
		<input type="checkbox"/> Change

ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Effective date, if other than the date of filing: _____ (optional)
If the 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)
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 document specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
the 10th day after the record is filed. _____

JAN 9th 2020


Signature of a member or authorized representative of a member

YAMIR ROSENBERG
Typed or printed name of signee