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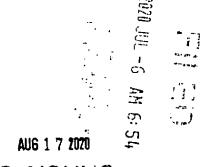
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| Special Instructions to | Filing Officer: | |
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COVER LETTER

| | Registration Se Division of Cor | | | |
|-----------------|------------------------------------|--|---|--|
| eun irc | Har | ma Group Six of Florida LLC | | |
| SUBJEC | 1: | Name of Lin | ited Liability Company | |
| The enclo | osed Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Please ret | urn all correspo | ondence concerning this matter | to the following: | |
| | | Pierre Laporte | | |
| | | | Name of Person | |
| | | Courson and Stan | ı LLC | |
| | | | Firm/Company | |
| | | 2398 Sadler Road | | |
| | | | Address | |
| | | Fernandina Beach. | FL 32034 | |
| | | | City/State and Zip Code | |
| | | accountspecialist@ | | |
| | | E-mail address: (| to be used for future annual report not | ification) |
| For further | er information c | oncerning this matter, please c | all: | |
| Pier | те Laporte | | 904 261-7803 | |
| | Name o | f Person | Area Code Daytin | ne Telephone Number |
| Enclosed | is a check for th | ne following amount: | | |
| ■ \$25.0 | 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 Addres Registration S | | <u>Street Address:</u> Registration Se | ection |
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| | P.O. Box 632 | | The Centre of | |
| • | Fallahassee, l | FL 32314 | 2415 N. Monro | e Street, Suite 810 |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Hanna Group Six of Florida LI | .C | | | | 2020 | |
|--|--|---------------------------------------|---------------------------|----------------|-------------|---------------------|
| (<u>Name of the Limited I</u> (A | Liability Company as it Florida Limited Liability | now appea Company) | ars on our records.) | - : | JUL - | Market St. |
| The Articles of Organization for this Limited Liabi | lity Company were f | iled on _ | June 16, 2020 | | and ass | signed; |
| Florida document number L20000166646 | · | | | , | MM 6: | |
| This amendment is submitted to amend the followi | ng: | | | ·, | : 54 | |
| A. If amending name, enter the new name of th | e limited liability co | mpany b | <u>nere</u> : | | | |
| The new name must be distinguishable and contain the words | s "Limited Liability Con | ipany," the | designation "LLC" or | the abbre | viation "L. | .L.C." |
| Enter new principal offices address, if applicabl | e: | Hanna Group Six of Florida LLC | | | | |
| (Principal office address MUST BE A STREET A | · | (ESS) 85134 Sagaponack Drive | | | | |
| | | Ferna | ndina Beach, FL 32 | 034 | | |
| Enter new mailing address, if applicable: | | Hanr | na Group Six of Flor | ida LLC | | |
| (Mailing address MAY BE A POST OFFICE BO | <u></u> | 851. | 34 Sagaponack Drive | | | |
| | | Ferr | nandina Beach, FL 3 | 2034 | | |
| B. If amending the registered agent and/or registered agent and/or the new registered office address h | | s on our | records, <u>enter the</u> | na <u>me o</u> | f the nev | <u>v registered</u> |
| Name of New Registered Agent: | Courson and S | tam LLC | | | | |
| New Registered Office Address: | 2398 Sadler R | oad | | | | |
| | | Enter Flo | rida street address | | · • | |
| _ | Fernandina I | Beach | Florid | a | 034 | |
| | Ci | · · · · · · · · · · · · · · · · · · · | | | 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 |
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| ffectiva | e date, if other than the di tive date is listed, the date must b the date inserted in this bloc | e specific and cannot be k does not meet the ap | pplicable statutory fil | (option more than 90 days after fi ing requirements, this | ling.) Pursuant to 605.020 |
| an effect ote: If | it's effective date on the Depa | | | | |
| an effect ote: If ocumen | specifies a delayed effective o | late, but not an effecti | ve time, at 12:01 a.n | n. on the earlier of: (b) | The 90th day after th |
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