LZ0000173593

(Requestor's Name)
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(Business Entity Name)
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(Document Number)
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Special Instructions to Filing Officer:

Office Use Only



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09/27/21--01023--028 **25.00

COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	Hannah L	Ope 2 Real Es	tate LLC
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Dreu	Clukey Name of Person	
		ey & Tebault Firm/Company	LLC
		vens Ave, ur	
		gusting M 3 City/State and Zip/Code	
	E-mail address: (ertseclukey and to be used for future annual eport notif	tebault.com
For further information c	oncerning this matter, please co		
Drew_Name o	Clukey	at (<u>909</u>) <u>679</u> Area Code Daytime	3/19 : Telephone Number
Enclosed is a check for the	ne following amount:		
\$25.00 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)
		2	

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

Hannah Lopez Real Estate LLC

(Name of the Limit	6 Liability Compan A Florida Limited Li	y as <mark>it now appears on our r</mark> ability Company)	ecords.)	
The Articles of Organization for this Limited Li Florida document number	ability Company v 3893	vere filed on <u>6/22</u>	<u> aoao</u>	nd assigned
This amendment is submitted to amend the following	wing:			
A. If amending name, enter the new name of Hannah Lope The new name must be distinguishable and contain the w	2. LLC	<u> </u>	"LLC" or the abbrevial	ion "L.L.C."
Enter new principal offices address, if applica	ıble:	208 Pard		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u>80X)</u>	208 Pard	o Way	32086
B. If amending the registered agent and/or reagent and/or the new registered office address		ddress on our records, <u>e</u>	nter the name of t	ne new registered
Name of New Registered Agent:	Cluke	y + Tebault	L, UC -	Drew Clukey
New Registered Office Address:	201 0	Wens Ave Enter Florida street d		<i>M</i>
	Saint F	HIGUSTINE	_, Florida <u> <i>32 (</i> </u>	OSO 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

Title	Name	Address	Type of Action
			□Add
			□Remove
			□Change
			□ Add
			□Remove
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an effective date is listote: If the date ins	other than the date of filin isted, the date must be specific an iserted in this block does not a re date on the Department of	nd cannot be prior to date meet the applicable st	of filing or more than 90 day	(optional) ys after filing.) Pursuant to 60 ts, this date will not be lis)5.0207 (sted as t
record specifies a class filed.	delayed effective date, but no	et an effective time, at	12:01 a.m. on the earlier	of: (b) The 90th day aft	er the
ated Sept	tember 15	2021			
	1 11 2	1			
	Signature of a	member or authorized	epresentative of a member		

Filing Fee: \$25.00