

L20000178877

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

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NOV 18 2020



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 24, 2020

TYRON HANA  
949 W CANAL ST N  
BEELE GLADE, FL 33430

SUBJECT: HANNA SOULFOOD KITCHEN LLC  
Ref. Number: L20000178877

We have received your document for HANNA SOULFOOD KITCHEN LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The attached form must be completed in order to file the document.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

PAGE 3 OF FILING IS MISSING WITH MEMBER SIGNATURE.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Octavia L Simmons  
Regulatory Specialist II Supervisor

Letter Number: 720A00021133

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Hanna Soulfood Kitchen LLC

\_\_\_\_\_  
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

Tyron Hana

\_\_\_\_\_  
Name of Person

Hanna Soulfood Kitchen LLC

\_\_\_\_\_  
Firm/Company

949 West Canal Street North

\_\_\_\_\_  
Address

Belle Glade Florida 33430

\_\_\_\_\_  
City/State and Zip Code

hannaenterpriselle561@gmail.com

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

For further information concerning this matter, please call:

Tyon Hanna

561 334 8609

at ( )

\_\_\_\_\_  
Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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)

**Mailing Address:**

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

**Street Address:**

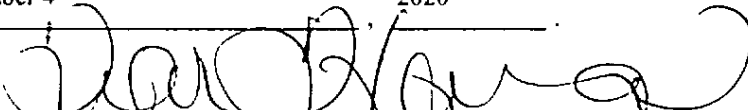
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

[illegible]

(If an effective 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 record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

ember 4, 2020



Signature of a member or authorized representative of a member

Tyron D Hanna

Typed or printed name of signee

L200002473016

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

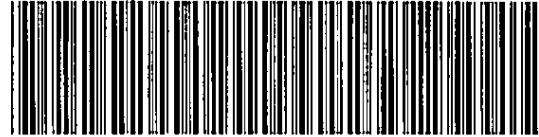
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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O SIMMONS  
NOV 18 2020

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SILVER LOGIC + ANALYSIS LLC  
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

CURTIS SILVER

Name of Person

SILVER LOGIC + ANALYSIS LLC

Firm/Company

2047 JAVA PLUM AVE

Address

SARASOTA FL 34232

City/State and Zip Code

cebsilver@gmail.com

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

For further information concerning this matter, please call:

CURTIS SILVER

Name of Person

at ( 941 )

Area Code

376 0506

Daytime Telephone Number

Enclosed is a check for the 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)

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**

SILVER LOGIC + ANALYSIS LLC

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

The Articles of Organization for this Limited Liability Company were filed on AUG 13 2020 and assigned Florida document number L20000247396.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

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:

(Principal office address MUST BE A STREET ADDRESS)

2047 JAVA PLUM AVE

SARASOTA FL 34232

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2047 JAVA PLUM AVE

SARASOTA FL 34232

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

CURTIS SILVER

New Registered Office Address:

2047 JAVA PLUM AVE

Enter Florida street address

SARASOTA

City

Florida 34232

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

[illegible]



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

I know I filled out these forms in full on 8/13/2020  
yet I wasn't listed as an authorized person. I am  
the only person. Hopefully this form fixes that.

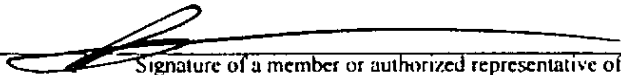
E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(If an effective 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)

**Note:** 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 record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated OCTOBER 13 , 2020 .

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

CURTIS SILVER  
\_\_\_\_\_  
Typed or printed name of signee

Filing Fee: \$25.00