

h20 000 179489

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

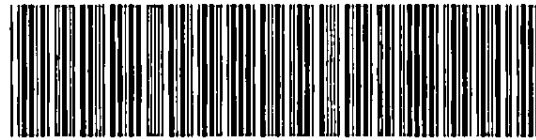
(Document Number)

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

Special Instructions to Filing Officer:

623

Office Use Only



100347751541

07/24/20--01013--005 \*\*25.00

RECEIVED  
JUL 21 2020

2020 SEP 17 AM 9:09  
RECEIVED  
CLERK OF SUPERIOR COURT  
JULIAH S. E. FLORES

FILED

SEP 22 2020  
S. YOUNG



2020 SEP 02 PM 12:06

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 2, 2020

WAE F HAWTER  
HAWTER TRADE LLC  
121 OYSTER BAY CIRCLE #270  
ALTAMONTE SPRINGS, FL 32701

SUBJECT: HAWTER TRADE LLC  
Ref. Number: L20000179489

We have received your document for HAWTER TRADE 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):

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

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.

Shelia S Young  
Regulatory Specialist II

Letter Number: 120A00016885

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Hawter Trade, 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:

Wael F. Hawter  
Name of Person

Hawter Trade, LLC  
Firm/Company

121 Oyster Bay Circle #270  
Address

Attamonte Springs, FL 32701  
City/State and Zip Code

HawterW@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Wael F. Hawter at (321) 274-7555  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

\_\_\_\_\_  
(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 \_\_\_\_\_ and assigned  
Florida document number \_\_\_\_\_.

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 "LLC"

Enter new principal offices address, if applicable: \_\_\_\_\_

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: \_\_\_\_\_

(Mailing address MAY BE A POST OFFICE BOX)

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: \_\_\_\_\_

New Registered Office Address:

121 Oyster Bay Circle # 270  
Enter Florida street address

Altamonte Springs Florida 32701  
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

**MGR = Manager**  
**AMBR = Authorized Member**

**AMBR = Authorized Member**

AMBR Wael F. Hawter 121 Oyster Bay Cir. ☒ Add 32701  
Apt. 270 / Altamonte Springs ☐ Remove

☒ Add

32701

☐ Remove

$\square$ Change

☐ Add☐ Remove☐ Change☐ Add☐ Remove☐ Change☐ Add☐ Remove☐ Change

□ Add

☐ Remove☐ Change☐ Add☐ Remove

□ Change

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

Wael F. Hawter is the only owner for  
This company (Hawter Trade LLC) with  
100% ownership and he's the only  
Person Authorized.

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

July 9, 2020

Wael Hawter

Signature of a member or authorized representative of a member

Wael F. Hawter

Typed or printed name of signee