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(Re	questor's Name)	
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COVER LETTER

TO:

Tallahassee, FL 32314

	ion Section of Corporations	
SUBJECT:	Hannah-l	Lynn Your Realtor, LLC
30bace1	Name of	Limited Liability Company
The enclosed Artic	eles of Amendment and fee(s) are	e submitted for filing.
Please return all co	orrespondence concerning this ma	atter to the following:
	Hai	nnah-Lynn Wallace
	-	Name of Person
	Ha	nnah-Lynn Wallace, LLC
		Firm/Company
	20	0 S Pegasus Avenue
		Address
	CI	earwater, FL 33765
		City/State and Zip Code
		@hannahlynnyourrealtor.com ess: (to be used for future annual report notification)
For further inform	ation concerning this matter, plea	
Hanna	h-Lynn Wallace	at (727) 748-9022
	Name of Person	Area Code Daytime Telephone Number
Enclosed is a chec	k for the following amount:	
\$25.00 Filing		
Mailing A		Street Address:
Registration Section Division of Corporations		Registration Section Division of Corporations
P.O. Bo		The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Hannah-Lynn Your Realtor, 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 September 21, 2020 and assigned Florida document number L20000297117 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Hannah-Lynn Wallace, LLC 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) 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: Enter Florida street address _, Florida __

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 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>	#11 SEM 27 AN 7: 36 Address	Type of Action
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lf an ef <u>Note:</u>	ive date, if other than the date of filing:
e recor	rd 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 led.
Dated	09/21/21
	MALIA
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00