

| (Requestor's Name) (Address) | 000370489070 | |
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| (City/State/Zip/Phone #) PICK-UP WAIT MAIL | | |
| (Business Entity Name) | 07/23/2101006003 **25.00 | |
| (Document Number) Certified Copies Certificates of Status | CD | |
| Special Instructions to Filing Officer: | 7 / II: 2u | |
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COVER LETTER

TO:

Tallahassee, FL 32314

| | on Section of Corporations | | | |
|-------------------------------|--|---|---|-----|
| | AN HOLDINGS LLC | | | |
| SUBJECT: | Name of Lir | nited Liability Company | ···· | |
| The enclosed Articl | es of Amendment and fee(s) are su | bmitted for filing. | | |
| Please return all co | rrespondence concerning this matte | to the following: | | |
| | Joel Laib | | | |
| | | Name of Person | | |
| | Hanan Holdings | | | |
| | | Firm/Company | | |
| | 19707 Tumberry Way #8 | В | | |
| | | Address | • | |
| | Aventura, FL 33180 | | | |
| | joel@briutcare.com | City/State and Zip Code | | |
| | E-mail address: | (to be used for future annual report notif | ication) | |
| For further informa | tion concerning this matter, please of | call: | | |
| Joel Laib | | 786 797-4701 | | |
| N | ame of Person | at () Area Code Daytime | Telephone Number | (!) |
| Enclosed is a check | for the following amount: | | , | į |
| \$25.00 Filing F | Fee ☐ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed) | • |
| <u>Mailing A</u> Registrat | ddress: ion Section | Street Address: Registration Sec | tion | |
| Division | of Corporations | Division of Corp | porations | |
| P.O. Box | : 6327 | The Centre of Ta | allahassee | |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| HANAN HOLDINGS LLC | | | | |
|--|--|---|-----------------|-------------------------|
| (Name of the Lim | ited Liability Compa (A Florida Limited I | ny as it now appears on our records.) Liability Company) | | • |
| ne Articles of Organization for this Limited Lorida document number L20000342386 | | were filed on 10/28/2020 | and a | assigned |
| nis amendment is submitted to amend the fol | lowing: | | | |
| . If amending name, enter the new name o | of the limited liab | ility company here: | | |
| ne new name must be distinguishable and contain the | words "Limited Liabi | lity Company," the designation "LLC" or the | he abbreviation | "L.L.C." |
| Enter new principal offices address, if applicable: | | 19707 Tumberry Way #8B | | |
| Principal office address MUST BE A STREET ADDRESS | | Aventura, FL 33180 | | |
| Inter new mailing address, if applicable: | | 19707 Turnberry Way #8B Aventura, FL 33180 | | |
| Mailing address MAY BE A POST OFFICE | <u>BUX)</u> | | | |
| 3. If amending the registered agent and/or | - | address on our records, enter the I | name of the r | lew regis |
| gent and/or the new registered office addre | ess here: | | i | $= \frac{1}{2} \cdot I$ |
| Name of New Registered Agent: | Jacky Zeigen | | 85 ³ | - |
| New Registered Office Address: | 19707 Tumben | ry Way #8B | AL | |
| • | | Enter Florida street address | ~ | •• |
| | Aventura | , Florida | | |
| | | City | Zin Coo | le . |

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 |
|--------------|--------------|-------------------------|-----------------------------------|
| AMBR | Joel Laib | 19707 Turnberry Way #8B | ⊡∧dd |
| | | Aventura, FL 33180 | □Remove |
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| ated July 20 | 2021 | | |
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| record specifies a delayed effectiv l is filed. | e date, but not an effective time | e, at 12:01 a.m. on the earlier of: (b) The | : 90th day after th |
| lote: If the date inserted in this blocument's effective date on the D | ock does not meet the applicable | le statutory filing requirements, this date | will not be listed |
| ffective date, if other than the an effective date is listed, the date mus | it be specific and cannot be prior to | (optional) date of filing or more than 90 days after filing. | Pursuant to 605.02 |
| een atom alaa lee atom at o at | detection. | (4) B | 11:2 |
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Filing Fee: \$25.00