L31000008679

(Re	equestor's Name)	
(Ac	idress)	
	idress)	
(A)	Jule33)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
	usiness Entity Nan	
(60	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
		1
		!

Office Use Only



300361959383

03/16/21--01020--028 **25.00

COVER LETTER

TO: Registration Section

Division of Cor	rporations		
HHASSEI	T MANAGEMENT LLC		
SUBJECT:	Name of Lim	ited Liability Company	
de la companya de la			
	Amendment and fee(s) are sub-	-	
Please return all correspo	ondence concerning this matter	to the following:	
	Fidel Solano		
		Name of Person	
	HH ASSET MANAGEME	NT LLC	
	 	Firm/Company	
	333 3rd Ave N Suite 420		
		Address	
	St Petersburg, FL 33701		
	tidel@hhmanagement.net	City/State and Zip Code	
	-	to be used for future annual report notific	cation)
For further information of	concerning this matter, please ca	all:	
Fidel Solano		702 340-4109	
Name o	of Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for t	he 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)
9.6 - 110 mm - 6 - Andrews		Causa Addussus	3.3
Mailing Address Registration	Section	Street Address: Registration Sect	
Division of C P.O. Box 632	•	Division of Corpe The Centre of Ta	
Tallahassee,			Street, Suite 810:

COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT:				
	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
		Name of Person		
		Firm/Company		
		Address		
		City/State and Zip Code		
	E-mail address: (to be used for future annual report not	itication)	
For further information of	concerning this matter, please c	all:		a.
Name o	of Person	at () Area Code Daytin	ne Telephone Number .	<i>€</i> : 7
Enclosed is a check for the	he following amount:			·
□ \$25.00 Filing 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 enchorated)	& O
Mailing Addres		<u>Street Address:</u> Registration Se	ection	
Division of C	Corporations	Division of Co	rporations	
P.O. Box 632 Tallahassee,		The Centre of 2415 N. Monro	Fallahassee oe Street, Suite 810	

Tallahassee, FL 32303

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
MGR	Lukas Vanagaitis	333 3rd Ave N 420	≣ Add
		St Petersburg, FL 33701	□Remove
			□Change
MGR	Elizabeth James	11072 US Hwy 41 S	≡ Add
		Gibsonton, FL 33534	□ Remove
			□Remove
			Ø∂ ————————————————————————————————————
			Remove
			Change
			∵ Ö.
			□Remove
			□Change
		• • • • • • • • • • • • • • • • • • • •	□Add
			□Remove
			□Change

				
_	 			
_	 			
_				
	 			
	 			
_				
_				
		_		
	 			

(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 Note:

If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not document's effective date on the Department of State's records.

The specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b)

The 90th day a ord is filed.

Dated

Much 3, 3001

Dated

Signature of a member or authorized representative of a member

Typed or printed name of signee