

L21000100661

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK UP

☐ WAIT



MAIL

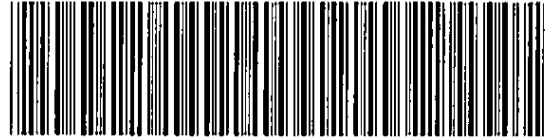
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/06/21--01008--085 **25.00

2021 MAY -6 AM 9:42

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2021 MAY -6 PM 2:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FEIMONS

MAY 07 2021

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HANNA ZEPNICK 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:

HANNA ZEPNICK
Name of Person

HANNA ZEPNICK
Firm/Company

4311 W woodlawn AVE # A
Address

TAMPA FL 33614
City/State and Zip Code

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

For further information concerning this matter, please call:

HANNA ZEPNICK at (813) 240-1865
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

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

22 MAY -6 AM 9:43

HANNA ZERNICK 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 _____ and assigned
Florida document number L2100010061.

This amendment is submitted to amend the following:

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

TRADING HUB 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 _____
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

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

2021 MAY -6 AM 9:43


<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	LYNN M YOVANOVICH	74 KLEBER AVE	<input type="checkbox"/> Add
		AUSTINTOWN, OH 44515	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	HANNA ZEPNICK	4311 W Woodlawn AVE #A Tampa FL 33614	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

2521 MAY -6 AM 9:43

(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.

Dated 5/6/21


Signature of a member or authorized repres

HANNA ZEPNICK
Typed or printed name of signer