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## **COVER LETTER**

TO: Registration Se Division of Cor				
Hannah Pla	ce LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	Shirley Hannah			
		Name of Person	· · · · · · · · · · · · · · · · · · ·	202 SE
	Hannah Place LLC			
		Firm/Company	_	5
	720 Redwood Avenue			2021 AUG -9 PH 3: 18
	==	Address		ma in in in
	Panama City FL 32401			平面
		City/State and Zip Code		
			<del>, , , , , , , , , , , , , , , , , , , </del>	
For further information c	n-mail address: ( oncerning this matter, please co	to be used for future annual report noti- all:	neation	
Shirley Hannah		850 624-1256		
Name of Person		Area Code Daytim	e Telephone Number	•
Enclosed is a check for the	ne following amount:			
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &
Mailing Address Registration 5 Division of C P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations allahassee e Street, Suite 8	810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Hannah Place LLC		
(Name of the Limited	Liability Company as it now appears on our records.)  Florida Limited Liability Company)	<del></del>
<del>"</del>	bility Company were filed on April 27, 2021	and assigned
lorida document number 1.21000196281	·	
his amendment is submitted to amend the follow	ving:	
If amending name, enter the new name of t	he limited liability company here:	
		202 SE
he new name must be distinguishable and contain the wor	ds "Limited Liability Company," the designation "LLC" of	or the abbreviation "L.E.C.
inter new principal offices address, if applical	ble:	72.35
Principal office address MUST BE A STREET	ADDRESS)	
		779 - 177
		100 G
Inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE B	<u></u>	
	gistered office address on our records, <u>enter th</u>	ne name of the new regist
gent and/or the new registered office address	nere:	
Name of New Registered Agent:		
•		
New Registered Office Address:	Enter Florida street address	
	, Flor	1da 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 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	CHAKA HANNAH	18303 PEDERNALES SPRINGS DR	<b>=</b> Add
		CYPRESS	□Remove
		TEXAS 77433	□ Change
			□ Add
			□Remove
			22 Change
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fective date, if other than the date of filing:  In effective date is listed, the date must be specific and cannot be prior to date of filing or more than the date of filing or more than the date of filing requirements.	(optional) n 90 days after filing	<ul> <li>) Pursuant to 605</li> </ul>
star. If the date inserted in this block does not meet me appreciate starting the	irements, this date	will not be liste
ocument's effective date on the Department of State's records.		
record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the	earlier of: (b) T	he 90th day afte
is filed.		
ated Nugust 5 2021		
Alle Al Harry		
	nember	

Filing Fee: \$25.00