L2100431673

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COVER LETTER

TO:

TO: Registration Se Division of Cor			
CUD ICCT	HAHN SOLO ENTERPRIS	ES 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	ondence concerning this matter	to the following:	
	JESSICA MARTIN		
		Name of Person	
	CPA PARTNERS, LLC		
		Firm/Company	
	8200 113TH STREET, SU	JITE 103	
		Address	
	SEMINOLE, FL 33772		,
		City/State and Zip Code	
	HAHNSOLOENTERPRISE	S@OUTLOOK.COM to be used for future annual report not	76-16-2
For further information c	oncerning this matter, please c		ircation)
PETER HAHN		321 278-9618	
Name o	f Person	at () Area Code Daytim	ne 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)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres		Street Address:	
Registration S Division of C		Registration Se Division of Cor	
P.O. Box 632	•	The Centre of T	•
Tallahassee, I		2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HAHN SOLO ENTERPRISES 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 10/01/2021 and assigned Florida document number L21000431673
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "Li.C" or the abbreviation "Li.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)
<u></u>
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
· · · · · · · · · · · · · · · · · · ·

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.

City

Florida_

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	KELSEY HAHN	6550 150TH AVE N., APT A102	□Add
		CLEARWATER, FL. 33760 US	■Remove
			□Change
		, <u>2000.</u>	□Add
			□Remove
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ffective date, if other than the of an effective date is listed, the date must Note: If the date inserted in this blooks locument's effective date on the De	ck does not m	eet the applic	able statutory i	or more than 90 da Tling requireme	(optional) ays after filing. nts, this date) Pursuant to 605 will not be list	5.0207 ed as
	date, but not	an effective ti	me, at 12:01 a.	m. on the earlie	rof:(b) Th	e 90th day afte	r the
d is filed.		2024					
d is filed.		2024	_·				
Dated	·			tive of a member			

Filing Fee: \$25.00