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PICK-UP WAIT MAIL
(Business Entity Name)
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Certified Copies Certificates of Status
Special Instructions to Filing Officer:

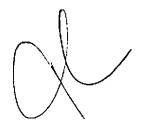
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## **COVER LETTER**

TO: Registration 5 Division of Co			
	Hasani Investo	. 1. 116	
SUBJECT:	Name of L	imited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are s	submitted for filing.	
Please return all corresp	pondence concerning this matt	ter to the following:	
	· /	vier Thompson	
		Name of Person	
	Ha	sani Investments LLC Firm/Company	202
		Firm/Company	72 JU
	360 Cen	tral Ave Suite #80	2022 JUN 27 PM 3: 28
		Address	
	c101	1 [1 2270]	ကိုကြ ⊒ိ ကြောက ည
	St. Peter	-sburg FL 33701 City/State and Zip Code	—— FF 2
			· · · · · · · · · · · · · · · · · · ·
	E-mail address	s: (to be used for future annual report notification)	
For further information	concerning this matter, please	e call:	
Χ	T1	654 FF2 W	
Name	of Person	at (954) 553 - 1168 Area Code Daytime Telepho	one Number
Enclosed is a check for	the following amount:		
≤ \$25.00 Filing Fee	□ \$30.00 Filing Fee &	□ \$55.00 Filing Fee & □	\$60.00 Filing Fee,
_	Certificate of Status	Certified Copy  (additional copy is enclosed)	Certificate of Status & Certified Copy
	,	(additional copy is enclosed)	(additional copy is enclosed)
<u>Mailing Addre</u> Registration		Street Address:	
_	Corporations	Registration Section Division of Corporation	ns
P.O. Box 63		The Centre of Tallahas	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability C (A Florida Lin	Company as it now appears on our records.)	
The Articles of Organization for this Limited Liability Com Florida document number <u> </u>	npany were filed on $\frac{2/2i/2z}{}$	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited    Hasa   Capital LLC   The new name must be distinguishable and contain the words "Limited"		r the abbrevia the "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	<u> </u>	2
Enter new mailing address, if applicable:		PH 3: 28
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	ffice address on our records, <u>enter th</u>	e name of the new registered
Name of New Registered Agent:	• • · · ·	
New Registered Office Address:	Enter Florida street address	
	, Flori	da
	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 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
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