L22 000 185 477

(Requestor's Name)			
(Address)			
, ,			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Certificates di Statos			
Special Instructions to Filing Officer.			

Office Use Only



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24 HAY -2 FR In 1/3

COVER LETTER

TO:

P.O. Box 6327

Tallahassee, FL 32314

TO: Registration Section Division of Corporations						
Plan With I	Han LLC					
Name of Limited Liability Company						
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please return all correspondent	ondence concerning this matter	to the following:				
	Hannah Towler					
Name of Person						
	Plan With Han LLC					
Firm/Company						
	9360 Craven Rd. Apt 1407	1				
	Jacksonville, FL 32257					
	City/State and Zip Code					
	savvybrideco@gmail.com					
		to be used for future annual report notif	(ication)			
For further information of	concerning this matter, please c	all:				
Hannah Towler		231 7409065 at ()				
Name o	of Person	Area Code Daytimo	e 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)			
Mailing Addres Registration	Section	Street Address: Registration Sec				
Division of Corporations		Division of Cor	Division of Corporations			

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

• 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
			□ Add
			□Remove
			☐ Change
			□Add
			Remove
			☐ Change
			□ Add
			□Remove
			□Change
			□Remove
			☐ Change
			□Add
			[] Change
			□Add
			□Remove
			□ Change