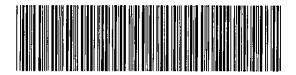
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□ PICK-UP □ WAIT □ MAII
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(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only

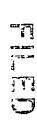


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## **COVER LETTER**

	registration Se Division of Cor		\$	₹		
end nec	HAI HO REALTOR, LLC					
SUBJECT	ı: <u></u>	Name of Lin	Name of Limited Liability Company			
The enclos	sed Articles of	Amendment and fec(s) are sub	omitted for filing.			
Please retu	ırn all correspo	ndence concerning this matter	to the following:			
		нагно				
			Name of Person			
		HALHO REALTOR, LLC				
	Firm/Company					
			Address			
	PENSACOLA, FL 32526					
			City/State and Zip Code		2023 NOV -8 AM 7:	
		E-mail address: (	to be used for future annual report not	ification)	00	
For further	r information c	oncerning this matter, please e	all:		SOUTH A	
наі но			850 356-1126		7: 53	
	Name o	f Person		ne Telephone Number	<del></del>	
Enclosed i	is a check for th	ne following amount:				
■ \$25.0°	0 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	e of Status &	
Mailing Address: Registration Section			Street Address: Registration Se			
Division of Corporations P.O. Box 6327			Division of Co The Centre of	•		
Tallahassee, FL 32314				e Street, Suite 8	01	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

HAI HO REALTOR, LLC			_
( <u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our records.) ted Liability Company)		
he Articles of Organization for this Limited Liability Compa	any were filed on <u>09/21/2022</u>	and a	assigned
orida document number <u>L22000413340</u>			
nis amendment is submitted to amend the following:			
. If amending name, enter the new name of the limited I	iability company here:		
he new name must be distinguishable and contain the words "Limited L	iability Company," the designation "LLC" or the	abbreviation	"L.L.C."
nter new principal offices address, if applicable:	<del></del>		
Principal office address MUST BE A STREET ADDRESS	2		
		_	
nter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)			
-			
3. If amending the registered agent and/or registered offi	ice address on our records, <u>enter the n</u>	ame of the	<u>iew registo</u>
gent and/or the new registered office address here:		VET S	
Name of New Registered Agent:		α 	:"F"
New Registered Office Address:		SEE A	
	Enter Florida street address	그리	т л
	, Florida		<u>ہ</u>
	City	Zip Cod	лe

## 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
MGR	HANII TRAN	7087 RAYBURN RD., PENSACOLA, FL. 32526	<b>=</b> Add
			□Remove
			Change
			□Add
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			□Change
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	····	က် လ လ	Coodd T
			ATE S — □Change
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			□Change

Typed or printed name of signee