## 622000486862

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## **COVER LETTER**

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

HANNAH SUBJECT:	168 LLC					
SUBJECT:	Name of Lin	nited Liability Company	<del></del> -			
The enclosed Articles of	Amendment and fee(s) are sul-	omitted for filing.				
Please return all correspondence	ondence concerning this matter	to the following.				
	JOHN ANDREW BRAITHWAITE					
		Name of Person				
	J.ANDREW BRAITHWA	AITE ,P.A.	59 21 PM 3: 39			
		Firm/Company	39			
	5060 W COLONIAL DR.	SUITE 101A				
		Address				
	ORLANDO , FLORIDA	32808				
	andrewjlawfirm@gmail.co	City/State and Zip Code				
		to be used for future annual report not	ification)			
For further information c	concerning this matter, please e					
Andrew Braithwaite		407 7776869				
Name o	of Person	Area Code Daytim	ne Telephone Number			
Enclosed is a check for the	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		Street Address: Registration Se	ection			
Registration Section Division of Corporations		Registration Section Division of Corporations				
P.O. Box 632	•	The Centre of T				

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HANNAH 168 LLC	
(Name of the Limited Liability Company as it now (A Florida Limited Liability Con	n appears on our records.) mpany)
The Articles of Organization for this Limited Liability Company were filed	d on and assigned
Florida document number L22000486862	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability comp	Dany here:
The new name must be distinguishable and contain the words "Limited Liability Compan	y," the designation "LLC" or the abbreviation "LLLC."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
	A P
Enter new mailing address, if applicable:	ਮੁੱਕੂ <b>ਨ</b> 🔘
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office address or agent and/or the new registered office address here:	n our records, <u>enter the name of the new register</u>
Name of New Registered Agent:	
New Registered Office Address:	
E	inter Florida street address
<del></del>	, Florida
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 Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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		FLORIDA 32808	☐ Change
			☐Remove
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