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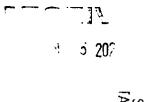
(Requestor's Name)	_
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PICK-UP WAIT MAIL	
(Business Entity Name)	_
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Special Instructions to Filing Officer:	
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COVER LETTER

TO:

Registration Section

Division of Corporations Hanko Group SCC LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Sergio C Cuevas Name of Person Hanko Group SCC LLC Firm/Company 482 SW Tarra Ave Address Portsaint Lucie, FL 34953 City/State and Zip Code hankogroupllc@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Sergio C Cuevas Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ☐ \$60.00 Filing Fee, ☐ \$55.00 Filing Fee & S25.00 Filing Fee ☐ \$30.00 Filing Fee & Certificate of Status & Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed) Street Address: Mailing Address: Registration Section Registration Section **Division of Corporations** Division of Corporations The Centre of Tallahassee P.O. Box 6327 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32314

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Hanko Group SCC LLC	· · · · · · · · · · · · · · · · · · ·
(Name of the Limited Liability Company as it (A Florida Limited Liability	now appears on our records.) Company)
The Articles of Organization for this Limited Liability Company were t	filed on January 17, 2023 and assigned
lorida document number L23000029409	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability co	ompany here:
he new name must be distinguishable and contain the words "Limited Liability Con	npany," the designation "L.L.C." or the abbreviation "L.L.C."
Inter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	
	2028 SE
nter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	The state of the s
	67. L
 If amending the registered agent and/or registered office addrest agent and/or the new registered office address here: 	ss on our records, enter the name of the new reg
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	. Florida

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

Zip Code

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	Sergio C Cuevas	482 SW Tarra Ave, Port Saint Lucie, FL 34953	= Add
			□Remove
			□ Change
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ffective date, if other than the an effective date is listed, the date mu	e date of filing:	a prior to date of filippe	opttop opt	<mark>ional)</mark> vr filing) Pursuar	n to 605 0201
lote: If the date inserted in this b	lock does not meet the a	applicable statutory fi	ling requirements, th	is date will not	be listed as
ocument's effective date on the E	Department of State's rec	cords.			
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Typed or printed name of signee