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COVER LETTER

	on Section f Corporations
	NEMANN FINANCIAL SERVICES, LLC
SUBJECT:	Name of Limited Liability Company
The enclosed Artic	les of Amendment and fee(s) are submitted for filing.
Please return all co	rrespondence concerning this matter to the following:
	GIOVANNI PAZ
	Name of Person
	PAZTAX, LLC
	Firm/Company
	8206 VAN NUYS BLVD
	Address
	PANORAMA CITY, CALIFORNIA 91402
	City/State and Zip Code SCO P
	GIOVANNI@PAZTAX.US F-mail address: (to be used for future annual report politication)
For further informa	Address PANORAMA CITY, CALIFORNIA 91402 City/State and Zip Code GIOVANNI@PAZTAX.US E-mail address: (to be used for future annual report notification) tion concerning this matter, please call:
GIOVANNI A PA	Z 323 823-8742
1	ame of Person Area Code Daytime Telephone Number
Enclosed is a check	for the following amount:
□ \$25.00 Filing 1	Fee \$\Bigsquare \\$30.00 Filing Fee & Bound Filing Fee & Bound Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327

Street Address:
Registration Section
Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HAHNEMANN FINANCIAL SERVICE, LLC				
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)			
The Articles of Organization for this Limited Liability Company	were filed on 03/06/2023		_ and as	signed
Florida document number L23000114263				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company here:			
HAHNEMANN AND ASSOCIATES, LLC				
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or	the abbre	viation "I.	L.C."
Enter new principal offices address, if applicable:	25 SE 2ND AVE SUITE 550-130		(2)	
Principal office address MUST BE A STREET ADDRESS)	MIAMI, FL. UN 33131		23 23	
			7.O	
		SA Au	1/2	5
Enter new mailing address, if applicable:			₽	
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Mailing address MAY BE A POST OFFICE BOX)		- ''À	80	
3. If amending the registered agent and/or registered office a gent and/or the new registered office address here:	address on our records, enter the	name o	of the ne	w regi
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
	, Florid	ia _		
	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:

MCR =	Manager		
AMBR =	 Authorized Member 		

Title	<u>Name</u>	Address	Type of Action
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ffective date, if other the an effective date is listed, the d	an the date of late must be specif	filing:	be prior to da	ate of filing or	more than 90 d	_ (optional) lays after filing.)	Pursuan	it to 605,020
Sote: If the date inserted in ocument's effective date or	this block does	not meet the	e applicable					
record specifies a delayed of is filed.	effective date, bu	it not an effe	ective time,	at 12:01 a.m	, on the earli	er of: (b) The	: 90th d	ay after the
APRIL, 08		2023	3					
W	11	<u> </u>	<u></u>					
			/					

Typed or printed name of signee