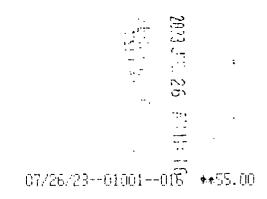
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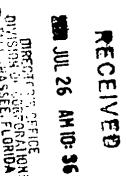
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	(Requestor's Name)	
	(Address)	
	(Address)	
	(Made 33)	
	(City/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
	— ••••	
	(Business Entity Name)	_
	(Document Number)	
Certified Copies	_ Certificates of	Status
	_ Certificates of	Status
Special Instructions to	Filing Officer:	
L		

Office Use Only



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COVER LETTER

Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

SUBJECT: Vap	or Road Of Name of Lim	HANA LLC ited Liability Company	
	amendment and fee(s) are subdence concerning this matter	-	
	L C D	Name of Person	near the
	5015 2no	Firm/Company Ave S Address	28
	St. Peter Vaporroad	S burg FL 3 City/State and Zip Code E KC @ gmail to be used for fibure annual report noti	3707
For further information co	ncerning this matter, please ca	-	rication)
Name of	Person	at (727) 8.31- Area Code Daytim	Lo 33 e Telephone Number
Enclosed is a check for the □ \$25.00 Filing Fee	e following amount: ☐ \$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 Address Registration Se Division of Co P.O. Box 6327	ection orporations	Street Address: Registration Sec Division of Cor The Centre of T	porations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(A Florida Li	, , ,			
The Articles of Organization for this Limited Liability Con	npany were filed on	uly 19,20	23and a	ssigned
Florida document number <u>L_33000 341426</u>	_	Ŋ		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited	d liability company ho	ere:		
The new name must be distinguishable and contain the words "Limited	Liability Company," the d	esignation "LLC" or the ab	breviation "	L.L.C."
Enter new principal offices address, if applicable:			·	
(Principal office address MUST BE A STREET ADDRES	<u>SS)</u>		>	
		اه. - معز	. B33	
			<u> </u>	• •
Enter new mailing address, if applicable:		<u>:</u>	9) 12)	•
(Mailing address MAY BE A POST OFFICE BOX)			in de	· .
				•
	 		 	
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	ffice address on our r	ecords, <u>enter the nam</u>	e of the ne	ew registere
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Flor	ida street address		
		, Florida		
	City		Zip Code	,
New Registered Agent's Signature, if changing Registered A	gent:			
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and compacted accept the obligations of my position as registered agen being filed to merely reflect a change in the registered of company has been notified in writing of this change.	plete pe <mark>rformance</mark> of it as provided for in C	my duties, and I am fo hapter 605, F.S. Or,	amiliar wi if this doc	ith and ument is

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being add or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	NC O'heefe	5015 and Aves	(DAdd
		5015 and Aves st. Peters burg FL33	3707□Remove
			□Change
			□ Add
			□Remove
			□Change
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	, ,	2023
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ctive date, if other than the date of filing:	(optional)	
effective date is listed, the date must be specific and cannot be prior to date of filing or more the: If the date inserted in this block does not meet the applicable statutory filing required.	nan 90 days after filing.) Juirements, this date	Pursuant to 605.0 will not be listed
ument's effective date on the Department of State's records.	-	
eard enacifies a dalayed effective data has a second Continue to a second		
cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the filed.	e earlier of: (b) The	≥ 90th day after t
d July 26, 2023.		
167. (8)1/ / /		