

L 2 3 0 0 0 3 5 6 3 9 5

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

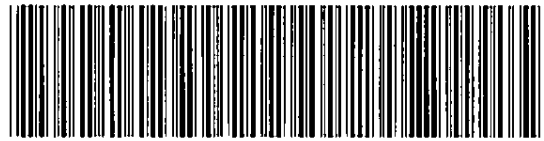
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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VIA



Emel Ersan Law Office

100 N. Tampa Str. St. 2670, Tampa, FL 33602 • 813-540-4000 • LawyerErsan@gmail.com

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

November 6, 2023

RE: H2Z FLORIDA LLC Amendment
L23000356395

Attached is:

- Check for \$25.00
- Cover Letter
- Articles of Amendment of an LLC



Emel Ersan

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: H22 Florida LLC.
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:

Emel Ersan.
Name of Person
Emel Ersan Law Office
Firm/Company
100 N. Tampa Str. St. 2670
Address
Tampa FL 33602
City/State and Zip Code
LawyerErsan@gmail.com.
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Emel Ersan. at (813) 540-4000
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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 Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

H2Z Florida LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 7/28/2023 and assigned Florida document number L23000356395.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

1508 Hammock Pine Blvd

Clearwater, FL 33761

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1508 Hammock Pine Blvd

Clearwater, FL 33761

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Hasan SOZERI

New Registered Office Address:

1508 Hammock Pine Blvd

Enter Florida street address

Clearwater

City


Florida

33761

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, 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>	<u>Address</u>	<u>Type of Action</u>
<u>PT.</u>	<u>Hasan Sozeri</u>	<u>1508 Hammock Pine Blvd</u>	<input type="checkbox"/> Add
		<u>Clearwater, FL 33761</u>	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Signature of a member or authorized representative of a member

Hasan SOZERI
Typed or printed name of signee

Filing Fee: \$25.00