

123000373904

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

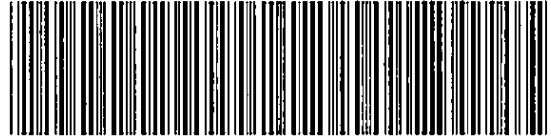
(Business Entity Name)

(Document Number)

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STATE  
FILING OFFICE

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT:

H Hares International 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:

Trish Cherry  
Name of Person

H Hares International LLC  
Firm/Company

1103 Cobblestone Circle  
Address

Hissimmee, FL 34744  
City/State and Zip Code

hibra02@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Trish Cherry  
Name of Person

at ( 986 ) 983-0124  
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

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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>
AMBR	Malichi Cherry	1103 Cobblestone Circle	<input checked="" type="checkbox"/> Add
		Hissimmer, 4h 34744	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Makiya Cherry	1103 Cobblestone Circle	<input checked="" type="checkbox"/> Add
		Hissimmer, 4h 34744	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated

November 30, 2023

Signature of a member or authorized representative of a member

Typed or printed name of signee