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COVER LETTER

TO: Registratio Division of	on Section Corporations	•	
	An medina at the sea, llo	3	
SUBJECT:	Name of Li	mited Liability Company	
The enclosed Article	es of Amendment and fee(s) are su	abmitted for filing.	
Please return all corr	respondence concerning this matte	er to the following:	
	GLORIA C MEDINA		
		Name of Person	
	HASSAN MEDINA AT	THE SEA, LLC	
		Firm/Company	
	11160 NW 77 TERRACI	E	
	 ;	Address	
	DORAL/FLORIDA 3317	78	
		City/State and Zip Code	
	gcmf88@gmail.com	: (to be used for future annual report notification)	
For further informati	ion concerning this matter, please		
GLORIA C MEDIN	iA	305 8151914 at ()	
Na	ime of Person	Area Code Daytime Telephone	Number
Enclosed is a check	for the following amount:		
■ \$25.00 Filing Fe	ee S30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	50.00 Filing Fee, Certificate of Status & Certified Copy additional copy is enclosed)
Mailing Ad	Idress: ion Section	Street Address: Registration Section	
•	of Corporations	Division of Corporations	
P.O. Box	6327	The Centre of Tallahasse	
Tallahass	ee, FL 32314	2415 N. Monroe Street, S	Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HASSAN MEDINA AT THE SEA. LLC		
(Name of the Limited Liability (A Florida Li	Company as it now appears on our recommitted Liability Company)	ords.)
The Articles of Organization for this Limited Liability Cor Florida document number <u>L23000382685</u>	mpany were filed on <u>8/15/2023</u>	and assigned
This amendment is submitted to amend the following:		ŕ
A. If amending name, enter the new name of the limite	ed liability company here:	
The new name must be distinguishable and contain the words "Limite Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRE		LC" or the abbreviation "L.L.C."
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, <u>en</u>	ter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street aa	ldress
		, Florida
	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:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	GLORIA C MJEDINA	11160 NW 77 TERRACE DORAL, FL 33178	□Add
			■Remove
			□Change
AMBR	GLORIA C MEDINA	11160 NW 77 TERRACE DORAL, FL 33178	= Add
			□Remove
			□ Change
			□Add
			Remove
			□Change
			□Add
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			□Change

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