L24000018690

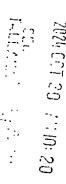
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COVER LETTER

	ninha LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspondence	ondence concerning this matter	to the following:	
	Name of Limited Liability Company neclosed Articles of Amendment and fee(s) are submitted for filing. e return all correspondence concerning this matter to the following: Hannah Dian McDowell Name of Person Firm/Company 111 Creekside Ct Apt. 111 Address Pensacola, Florida 32514 City/State and Zip Code hannahmcdowell.lic@gmail.com E-mail address: (to be used for future annual report notification) urther information concerning this matter, please call: ah McDowell Name of Person Area Code Daytime Telephone Number		
		Name of Person	
		Firm/Company	
	111 Creekside Ct Apt. 1	11	
		Address	
	Articles of Amendment and fee(s) are submitted for filing. Ill correspondence concerning this matter to the following: Hannah Dian McDowell		
		•	
For further information of			
Hannah McDowell			
Name o	of Person		
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	_	Certified Copy Certificate o (additional copy is enclosed) Certified Co	f Status &
-		•	
P.O. Box 632	27		
Tallahassee,	FL 32314	2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Miss Hanninha LLC	itad Liability Compe	any as it now appears an our records	<u>, </u>
(Name of the Elm	(A Florida Limited	any as <mark>it now appears on our records.</mark> Liability Company)	J
The Articles of Organization for this Limited Florida document number L24000018690	Liability Company	were filed on January 8, 2024	and assigned
This amendment is submitted to amend the fo	llowing:		
A. If amending name, enter the new name	of the limited liab	oility company here:	
Hannah McDowell LLC			
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if appli	icable:		
Enter new principal offices address, it applicable: (Principal office address MUST BE A STREET ADDRESS)		425 W Colonial Dr Ste 303	
		Orlando, FL 32804	12.1
Enter new mailing address, if applicable:			051 32
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		425 W Colonial Dr Ste 303	
		Orlando, FL 32804	5
			21
B. If amending the registered agent and/or agent and/or the new registered office addr	•	address on our records, <u>enter t</u>	he name of the new regi
Name of New Registered Agent:	PSM Register	ed Agent Inc.	
New Registered Office Address:	425 W Colonia	al Dr Ste 303	
		Enter Florida street address	
	Orlando	, Flor	rida <u>32804</u>
		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.

Evan Flores	
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>	Address	Type of Action
			□Add
			□Remove
		 	□ Change
			
			□ Remove
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			□Change

If amending any other inform	nation, enter change(s) here: <i>(Atto</i>	ach additional sheets, if necessary.)	
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	. <u></u>		
Effective date, if other than t	he date of filing:	(optional) of filing or more than 90 days after filing.) Pursuant to 605.	
(If an effective date is listed, the date n Note: If the date inserted in this document's effective date on the	block does not meet the applicable sta	of filing or more than 90 days after filing.) Pursuant to 605. stutory filing requirements, this date will not be liste	.0207 (ed as t
ne record specifies a delayed effec ord is filed.	tive date, but not an effective time, at i	12:01 a.m. on the earlier of: (b) The 90th day after	r the
October 22	2024		
Dated October 22			
Dated	1		
Dated	, 2024 Signature of a member or authorized re	presentative of a member	

Filing Fee: \$25.00