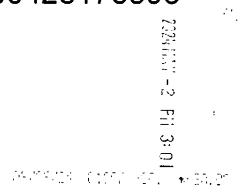
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(Address)	
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: + CON bro Cervices 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:
Patricia Hancon Name of Person
Hanbro Services LLC Firm/Company
P.O. Box 1007 Address
Crawford Ville, FL 33326 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Patricia Hangy at (901) 497-5637 Name of Person at (901) 497-5637 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
☐ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) 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

Hanbro Servi	is Lic
(<u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appears on our records.) a Limited Liability Company)
The Articles of Organization for this Limited Liability C Florida document number <u>L24000153744</u>	• • • • • • • • • • • • • • • • • • • •
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lim	ited liability company here:
	~3
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC" or the abbreviation "LRC."
Enter new principal offices address, if applicable:	<u></u>
(Principal office address MUST BE A STREET ADD	RESS)
	جي.
Enter new mailing address, if applicable:	<u></u>
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	d office address on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	
New Registered Office Address.	Enter Florida street address
	, Florida
	, Florida City Zip Code
New Registered Agent's Signature, if changing Registere	d Agent:
provisions of all statutes relative to the proper and caccept the obligations of my position as registered a	and agree to act in this capacity. I further agree to comply with the complete performance of my duties, and I am familiar with and agent as provided for in Chapter 605, F.S. Or, if this document is ed office address, I hereby confirm that the limited liability

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>	Name	Address	Type of Action
MER	Patricia Hanson	1352 River Plantation Rd	<u>)</u> (9x6d
		1352 RiverPlantation Rd Crawfordville, FC 30327	□Remove
			□Change
			🗆 Add
			□Remove
		·	🗆 Change
			□Add
			□Remove
			Change
			🗆 Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change

E. Effective date, if other than the date of filing: (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 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.
f 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 ecord is filed.
Dated 5194.
Signature of a member or authorized representative of a member
Hatricia Heurson Typed or printed name of signee

Filing Fee: \$25.00