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'JAN 09 S. PRATHER

COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT:	HANI	IOLDINGS, LLC.	
30bJEC1.	Name of Lim	ited Liability Company	
The enclosed Articles	s of Amendment and fee(s) are sub	omitted for filing.	
Please return all corre	espondence concerning this matter	to the following:	
		HUGO I., GARCIA, ESQ.	
		Name of Person	
		FGC ATTORNEYS	
	•	Firm/Company	
	3401	NW 82ND AVENUE, SUITE 36	0
		Address	
		DORAL, FLORIDA 33122	
		City/State and Zip Code	
		IGarcia@generalcounselfl.com	
	E-mail address; (to be used for future annual report not	ification)
For further information	on concerning this matter, please c	all:	
Hugo L. Garcia, Esq.		305 704-2500	
Nar	ne of Person	at () Area Code Daytir	ne Telephone Number
Enclosed is a check for	or 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)
P.O. Box 6	on Section of Corporations 6327	Street Address: Registration So Division of Co The Centre of	rporations Fallahassee
Tallahasse	e, FL 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HA	AN HOLDINGS, LLC		
(Name of the Limited Liability (A Florida L	Company as it now appearmited Liability Company)	rs on our records.)	1. U
ne Articles of Organization for this Limited Liability Cor	mpany were filed on	09/17/2024	and assigned
orida document number 1.24000405880			·-
nis amendment is submitted to amend the following:			ŗ
If amending name, enter the new name of the limite	ed liability company h	ere:	
HAN REA	AL ESTATE HOLDINGS	S, LLC	
e new name must be distinguishable and contain the words "Limite	ed Liability Company," the o	designation "LLC" or the	abbreviation "L.L.C."
nter new principal offices address, if applicable:			
rincipal office address MUST BE A STREET ADDRE	<u> </u>	···	
			-
nter new mailing address, if applicable:			
Aailing address MAY BE A POST OFFICE BOX)			
If amending the registered agent and/or registered of	aftaa add-aaa an ara	wanedo netaetha en	. ma af tha naw wani
it amending the registered agent and/or registered tent and/or the new registered office address here:	office address on our r	ecords, enter the na	ime of the new regi
Name of New Registered Agent:			
Name Bouletoned Office Addresses			
New Registered Office Address:	Enter Flo	rida street address	
		Ulasida	
	City	, r iorida _	Zip Code
w Registered Agent's Signature, if changing Registered /	Agent:		
nereby accept the appointment as registered agent an		canacity I finther	umaa ta aamalo wi

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>	Address	Type of Action
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			☐ Change
			□Add
			□Remove
			☐Change
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ffective date, if other than the	st be specific and	cannot be prior to d	late of filing or more	(option: han 90 days after fili quirements, this day	ing.) Pursuant to	605.020 listed as
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nte: If the date inserted in this becument's effective date on the Effective date on the Effective date on the Effective date of the	Department of St	ate's records.				fter the
ote: If the date inserted in this becoment's effective date on the Effective date on the Effective date on the Effective date of the	Department of St	ate's records.				
an effective date is listed, the date multione: If the date inserted in this becoment's effective date on the Effective date on the Effective date of the	Department of St	ate's records, an effective time,		he earlier of: (b)		fter the 2024 Did

Filing Fee: \$25.00