# M10000001631

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
(.a.)
W17-6917

Office Use Only



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TALLAHASSEE, FLOSIDA

MAR 0 6 2017 S. YOUNG



### FLORIDA DEPARTMENT OF STATE Division of Corporations

January 25, 2017

MARVIN SAMEL 2200 CORPORATE BLVD NW STE 405 BOCA RATON, FL 33431

SUBJECT: HANGING AROUND, LLC

Ref. Number: W17000006917

We have received your document for HANGING AROUND, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Shelia H Young Regulatory Specialist II Letter Number: 417A00001553

SELIPETARY OF STATE FLORIDA

### **COVER LETTER**

Division of Corporations	
SUBJECT: HANGING AROUND LL	C
Name of Foreign Limited	Liability Company
Dear Sir or Madam:	
The enclosed application, certificate and fee(s) are submi	tted for filing.
Please return all correspondence concerning this matter to	o the following:
MARVIN SAMEL	
Name of Person	<del></del> _
2200 CORPORATE BLVD NW	=
Firm/Company	
SUITE 405	
Address	
BOCA RATON, FL 33431	
City/State and Zip Code	
TERESA@DELAROSACPAFIRM.Co	
E-mail address: (to be used for future annual report not	ification)
For further information concerning this matter, please call	
TERESA DE LA ROSA, CPA at (305	5 385-1099
Name of Person Area (	Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations	MAILING ADDRESS: Registration Section Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	P.O. Box 6327 Tallahassee, Florida 32314
	Filing Fee & S60 Filing Fee, tified Copy Certificate of Status & Certified Copy

CR2E055 (9/15)

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

#### SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears	s on the records of the Florida I	Department of
State: HALF A SANDWICH, LLC		
Enter new principal office address, if applicable:	2200 CORPORATE	BLVD NW
(Principal office address	SUITE 405	
MUST BE A STREET ADDRESS)	BOCA RATON, FL	33431
Enter new mailing address, if applicable:	2200 CORPORATE	BLVD NW
( <u>Mailing address</u> <u>MAY BE A POST OFFICE BOX</u> )	SUITE 405	
	BOCA RATON, FL 3	33431
2. The Florida document number of this limited lia	bility company is: M10000	33431 Z 001631 Z
3. Jurisdiction of its organization: DE		PH 3: 53
4. Date authorized to do business in Florida: 4/1	4/2010	 
SECTION II (5-9 complete only the applicable of		ω
5. New name of the limited liability company: H	ANGING AROUND, LI	_C
(must	contain "Limited Liability Con	npany, ""L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or man must contain "Limited Liability Company," "L.L.C	for the purpose of transacting baging members adopting the alt." or "LLC.")	usiness in Florida and attach a ternate name. The alternate name
6. If amending the registered agent and/or registered registered agent and/or the new registered office ad	d officer address on our records dress here:	, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	F. ( E) (-)	Character 11
	City	, Florida Zip Code
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agen the provisions of all statutes relative to the proper a and accept the obligations of my position as registe	gistered Agent: t and agree to act in this capac and complete performance of m	ity. I further agree to comply with y duties, and I am familiar with

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.

itle/ Capacity	<u>Name</u>	Address	Type of Action
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			Remove
			Add
			☐ Remove

Typed or printed name of signee

MARVIN SAMEL, PRESIDENT

Filing Fee: \$25.00

Delaware
The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF AMENDMENT OF "HALF A SANDWICH LLC", CHANGING ITS NAME FROM "HALF A SANDWICH LLC" TO "HANGING AROUND LLC", FILED IN THIS OFFICE ON THE TWENTY-SIXTH DAY OF NOVEMBER, A.D. 2014, AT 11:03 O'CLOCK A.M.

17 IAN 24 PM 3: 53



J

Authentication: 202065743

Date: 02-20-17

4489545 8100 SR# 20170910864

### STATE OF DELAWARE CERTIFICATE OF AMENDMENT

s follows:	some of the limited liquidity	************
IIIG ,	name of the limited liability	combany ra:
	Hanging Around LLC	
WITNES	S WHEREOF, the undersigned have execu	
	day of November	, A.D. <u>2014</u> .
	معمد مستقیمت	20//
	By:	
	- V	