

L01000020345

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

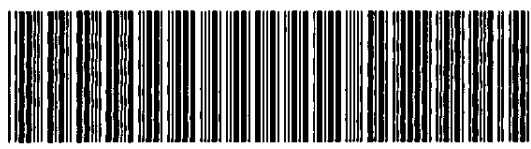
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OCT 14 2011
EXAMINER



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10/13/11--01008--005 **25.00

FILED
11 OCT 13 PM 4:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Haspel Family Enterprises 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:

MELISSA HASPEL
Name of Person

Haspel Family Enterprises LLC
Firm/Company

22949 OLD INLET BRIDGE DRIVE
Address

BOCA RATON, FL 33433
City/State and Zip Code

MELACH 4567@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MELISSA HASPEL at (561) 488-1615
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for 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)

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Haspel Family Enterprises

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 11/26/01 and assigned Florida document number L01000020345

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

22949 Old Inlet Bridge Drive
Boca Raton, FL 33433

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

same as above

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TALLAHASSEE, FLORIDA

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Melissa Haspel

New Registered Office Address:

22949 Old Inlet Bridge Drive
Enter Florida street address

Boca Raton, Florida

City

FL 33433

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 608, 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.

Melissa Haspel

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Mgr	ALAN C. HASPEL	329 Sunrise View Lane Winchester, Va 22603	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
Mgr	MARK S. HASPEL	5703 4800 CE Brambleton, VA 22003	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
Mgr	ARTHUR C. HASPEL	22949 Old Inlet Bridge Boca Raton, FL 33433	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
Mgr	Melissa Haspel	22949 Old Inlet Bridge Boca Raton, FL 33433	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated _____

Melissa Haspel
Signature of a member or authorized representative of a member

Melissa Haspel
Typed or printed name of signee