

L21000152236209

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6383

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Account Number : I20160000017
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
HAAZA LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$55.00

APR 19 2021

M. SOLOMON

2021 APR 16 PM 12:34

2021 APR 16 AM 10:25

**STATEMENT OF CORRECTION
FOR
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document.

FIRST: The name of the limited liability company is: Haaza LLC

SECOND: The Florida Document number of the limited liability company is: L21000156209

THIRD: Document to be corrected is: L21000156209

(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)

Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

OR

Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows: The entity name was originally submitted incorrectly as HAAZA LLC; the correct name of the entity is HAZAA LLC.

OR

The electronic transmission of the record was defective.

ceg _____
Signature of Authorized Representative Date

Signature of new registered agent, if applicable :(NOTE: if correcting the registered agent, the new registered agent must sign accepting the designation).

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.

Registered Agent's Signature

Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)

2021 APR 16 PM 12:35

STATE OF FLORIDA
DEPARTMENT OF REVENUE

HAZAA LLC