L05 000077440

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COVER LETTER

TO:	Registration Sec Division of Cor			
eno re	Hafer Comp	pany, LLC		
SUBJE	-	Name of Lim	ited Liability Company	
		Amendment and fee(s) are sub		
Please r	eturn all correspo	ndence concerning this matter	to the following:	
		Michael Berger, Esq.		
			Name of Person	
		Carpenter & Berger, PL		
			Firm/Company	
		6400 N. Andrews Avenue.	. Suite	
			Address	
		Plantation, FL 33309		
			City/State and Zip Code	
		NJohnson@haferco.com	to be used for future annual report notif	icution)
For furt	her information ed	oncerning this matter, please co	,	
Michae	l Berger		954 772-0127	
Name of Person at (e Telephone Number		
Enclose	d is a check for th	e 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

Hafer Company, LLC		
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our records.) I Liability Company)	
The Articles of Organization for this Limited Liability Compan Florida document number <u>L05000077410</u> .	ny were filed on August 5, 2005	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
Hafer LLC		e1 .
The new name must be distinguishable and contain the words "Limited Liab	bility Company," the designation "LLC" or the abb	previation "latt.C."
Enter new principal offices address, if applicable:		TILE PH
(Principal office address MUST BE A STREET ADDRESS)		- G 19 T
		<u> </u>
Enter new mailing address, if applicable:		1: 5
(Mailing address MAY BE A POST OFFICE BOX)		· · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and/or registered e registered agent and/or the new registered office address he		the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	Zin 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 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 Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

	MGR = Manager AMBR = Authorized Member				
<u>Title</u>	<u>Name</u>	Address	Type of Action		
			Add		
			Remove		
			Change		
			Remove		
			Change		
			TILE PRINCE CONTROL OF AGE		
			DAJÉ		
			Remove		
			□ Change		
			Add		
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			□ Remove		
			Change		

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	ONISION OF COMPANY ONE	FIE
	PH 1: 47	
Note:	tive date, if other than the date of filing: (optional) Rective 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 (If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records.	(3)(b) he
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.	
Datec	June 14 2017	
	Signature of a member or authorized representative of a member	
	Nicole K. Johnson Pendergrass	

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Typed or printed name of signee

Filing Fee: \$25.00