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## **COVER LETTER**

TO:

Tallahassee, FL 32314

TO: Registration So Division of Cor			
The Hagge	rty Family Limited Liability Co	ompany	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Daniel Haggerty, Esq.		
	<del></del>	Name of Person	
	Daniel Haggerty, Esq., P.A	<b>.</b> .	
		Firm/Company	
	100 SW Albany Ave. #310	)	
		Address	
	Stuart, FL 34994		
		City/State and Zip Code	<u> </u>
	danielhaggerty.esq@gmail.e	com	
	E-mail address: (	to be used for future annual report notifi	ication)
For further information of	concerning this matter, please ca	all:	
Daniel Haggerty		772 283 2881	
Name o	of Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for t	he 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		Street Address:	
Registration : Division of C		Registration Sec Division of Corp	
P.O. Box 632		The Centre of Ta	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF TO ED

The Haggerty Family Limited Lie	ability Company	2022 (1A)	(3) Ph 2:4	
( <u>Name</u> of the <u>Lin</u>	nited Liability Compa (A Florida Limited	any as it now appears on Liability Company) RE	our records.) TARY OF STAT AHASSEE, FL. 3th, 2005	E
The Articles of Organization for this Limited	Liability Company	were filed on Dec. 13	3th, 2005	and assigned
Florida document number L06000003607	·			
This amendment is submitted to amend the fo	llowing:			
A. If amending name, enter the new name	of the limited liab	oility company here:		
The new name must be distinguishable and contain the	words "Limited Liabi	ility Company," the design	nation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if appl	icable:	c/o Daniel Haggerty, Esq.		
(Principal office address MUST BE A STRE	EET ADDRESS)	ADDRESS) 100 SW Albany Ave. #310		
		Stuart, FL 34994	-	
Enter new mailing address, if applicable:		c/o Daniel Haggerty	, Esq.	
(Mailing address MAY BE A POST OFFICE BOX)		100 SW Albany Ave. #310		
		Stuart, FL 34994		
B. If amending the registered agent and/or agent and/or the new registered office addr  Name of New Registered Agent:	registered office : ress here: Daniel Haggert		ds, <u>enter the nar</u>	ne of the new registe
	100 SW Alban			•
New Registered Office Address:	100 S W Albany	Enter Florida s	treet address	
	Stuart	Sinci 1 ioriuu s	, Florida <sup>34</sup>	1994
		City	, r.toriua	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 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, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Tițle</u>	<u>Name</u>	Address	Type of Action
MGR	Colleen Haggerty	27 haguna Tew. P. Im Beach badans, A 3341	≣Add
		Kim beach orders, ( )	□Remove
			□Change
MGR	G. Robert Haggerty, Jr.	1429 Oriole Dr. Waconia, MN 55387	\exists Add
			Remove
		<del></del>	□Change
MGR	Daniel Haggerty	1949 SW Trailside Path, Stuart, Fl 34997	<b>=</b> Add
			□Remove
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Filing Fee: \$25.00