

LO7000060331

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

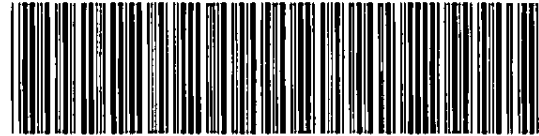
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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05/14/18--01012--033 **35.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2018 JUN -6 AM 8:21

FILED

B FIGUEROA

JUN 06 2018



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 18, 2018

STACY L HAAS
12307 NEWCASTLE PL
LAKEWOOD RANCH, FL 34202

SUBJECT: STACY L. HAAS-GOODWIN, PLLC
Ref. Number: L07000060331

We have received your document for STACY L. HAAS-GOODWIN, PLLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Corporation, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Please return the corrected original and one copy of 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.

Brittany M Figueroa
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 718A00010455

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Stacy L. Haas-Goodwin, 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:

Stacy L. Haas
Name of Person

Stacy L. Haas, LLC
Firm/Company

12307 Newcastle Place
Address

Oakwood Ranch, FL 34202
City/State and Zip Code

stacy@haasgoodwin.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Stacy L. Haas at (941) 587-4359
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

Ref. # L07000060331
Letter # 718A0001045

RECEIVED
2018 JUN -4 AM 10:47
DIVISION OF CORPORATIONS
TALLAHASSEE, FL

40

3F

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Stacy L. Haas-Knox LLC
(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 5/18/18 and assigned
Florida document number 107000060331

This amendment is submitted to amend the following:

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

Stacy L. Haas, LLC

The new name must be distinguishable and contain 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)

12307 Newcastle Place
Oakwood Ranch, FL
34202

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

New Registered Office Address:

Enter Florida street address

Florida

City

2018 JUN -4, AM 8:21
CLERK OF
ALLAHABAD, FLORIDA

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>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
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		_____	<input type="checkbox"/> Remove
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		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

SECTION OF TALL
FALL ASSESSMENT

2018 JUN -4 AM 8:20
STATIONERY OF TALL
TALLAHASSEE, FLORIDA

777

(If an effective 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 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated

5.26.2018

Signature of a member or authorized representative of a member

Signature of a member or authorized representative of a member

STACY L. HAAS

Typed or printed name of signee