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COVER LETTER

	istration Sec ision of Corp			
SUBJECT:	STACY L. I	HAAS, LLC		
SOBJECT.		Name of Lim	aited Liability Company	
The enclosed	l Articles of A	Amendment and fee(s) are sub	omitted for filing.	
Please return	all correspon	dence concerning this matter	to the following:	
		JO ANN M. KOONTZ		
			Name of Person	
		KOONTZ & ASSOCIATI	ES, PL	
			Firm/Company	
	1613 FRUITVILLE RD.			
		<u> </u>	Address	
		SARASOTA, FL 34236		
			City/State and Zip Code	<u> </u>
		STACY@HAASGOODWI		
			to be used for future annual report noti-	(cation)
For further in	iformation co	ncerning this matter, please ca	all:	.)
JO ANN M.	KOONTZ		941 225-2615 at ()	ر. د
	Name of	Person	Area Code Daytim	e Telephone Number
Enclosed is a	check for the	e following amount:		
■ \$25.00 F	iling 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

STACY L. HAAS, LLC				
(Name of the Lim	ited Liability Comp (A Florida Limited	any as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited I		y were filed on	and ass	igned
lorida document number L07000060331	<u>. </u>			
his amendment is submitted to amend the fol	lowing:			
a. If amending name, enter the new name o	of the limited lia	bility company here:		
STACY L. HAAS, PLLC				
he new name must be distinguishable and contain the	words "Limited Liab	ility Company," the designation "LLC" or the a	bbreviation "L.	IC."
Enter new principal offices address, if appli	cable:			
Principal office address MUST BE <u>A STRE</u>				
Enter new mailing address, if applicable:		12307 NEWCASTLE PL.	~ ;	
Mailing address MAY BE A POST OFFICE	(BOX)	LAKEWOOD RANCH, FL 34202		<u>-</u>
Muning dualess MAT BE AT OST OFFICE BOXY			:	
			.3	;
3. If amending the registered agent and	l/or registered (office address on our records, <u>enter</u>	the name	<u>óf the</u>
egistered agent and/or the new registered of	office address he	<u>re</u> :	с.	قىسە.
			ان الد	
Name of New Registered Agent:	STACY L. H.	AAS		
New Registered Office Address:	12307 NEWC	ASTLE PL.		
1.44 INGESTION OTHER FRANCES.		Enter Florida street address		
	LAKEWOOD	RANCH, Florida 34	4202	
		City =	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>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	STACY L. HAAS	12307 Newcastle Pl.	
		Lakewood Ranch, FL 34202	□ Remove
		 	Change
			□ Remove
			Change
			Add
			Remove
			Change !
			Remove
			Change
			□ Remove
			Change
			Add
			Remove
			Change

Real Estate Sales		
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ive date, if other than the date of filing: fective date is listed, the date must be specific and cannot be prior to date of filing of the date inserted in this block does not meet the applicable statutory feent's effective date on the Department of State's records.	r more than 90 days aff	tional) er filing.) Pursuant to 6 his date will not be li
ecord specifies a delayed effective date, but not an effectiv	e time, at 12:01	a.m. on the ead
ne 90th day after the record is filed.		
ed June 11 , 2018		
ne 90th day after the record is filed.	nive of a member	

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Filing Fee: \$25.00