L09000013364

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PILED 2009 OCT 22 PM 1: 35 SECRETARY OF STATE TALLAHASSEE. FLORIDA

C. LEWIS

OCT 2.3 2009

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: HASPEN Construction
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:
Gary Peña
Name of Person
HASPEN Construction
Firm/Company
11357 NW 42 ND Avenue
Address
Miami, FL, 33178 City/State and Zip Code,
City/State and Zip Code Chasbon @ Haspen construction. com Emilodoses (a bayred for the proof position)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Amin Hasbun at (305), 796-8749 Name of Person Area Code & Daytime Telephone Number
Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status}\$\$ \$55.00 Filing Fee \$\ \text{Certified Copy}\$\$ (additional copy is enclosed) \$\ \text{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**

FILED 2009 OCT 22 PM 1: 35

HASPEN C	ON TRUCTION LLC	SECRETARY OF STATES. SECRETARY OF STATES. SECRETARY OF STATES. SECRETARY OF STATES.
(Name of the Limited Liability (A Florida I	Company as it now appears on our record Limited Liability Company)	IS.) TALLAHASSEL
The Articles of Organization for this Limited Liability C. Florida document number <u>L090000 1336</u> .	Company were filed on 02 - 09 - 4.	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit HASPEN C The new name must be distinguishable and end with the wor "L.L.C."	CONSTRUCTION LL	tion "LLC" or the abbreviation
Enter new principal offices address, if applicable:	Same	as before
(Principal office address MUST BE A STREET ADDR		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Same a	o before
B. If amending the registered agent and/or registered agent and/or the new registered office additional agent and/or registered agent and/or the new registered agent agent and/or the new registered agent agen		nter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida stre	et address
	, Flori	
	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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

	Name	<u>Address</u>	Type of Actio
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			Add Remove
			
amend 	ing any other information, en	ater change(s) here: (Attach additional shee	ts, if necessary.)
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Filing Fee: \$25.00