

(Re	equestor's Name)	
(Ad	ldress)	
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(Ad	ldress)	
(Cit	ty/State/Zip/Phone #	<del>f)</del>
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PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Name	<del>:)</del>
(De	ocument Number)	
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Certified Copies	_ Certificates o	of Status
		<del></del>
Special Instructions to	Filing Officer:	
<u> </u>		

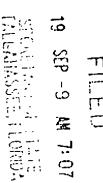
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SEP 1 7 2019 S. YOUNG



## **COVER LETTER**

Division of Cor	porations		
SUBJECT: HAIC	Name of Lim	ited Liability Company	<u>C</u>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondence	ondence concerning this matter	to the following:	
		Name of Person	<del></del>
	HHIE E	Firm/Company	<u>.                                    </u>
	9116 Sw 9.	Address	Same Fe 32608
		City/State and Zip Code  VANDWANS & YAH  to be used for future annual report notifi	
For further information e	E-mail address: ( oncerning this matter, please c		cation)
Name o	FU- f Person	at ( <u>352</u> ) <u>333</u> Area Code Daytime	1905 Telephone Number
Enclosed is a check for the	he following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
****	IVC ANNIPES.	ethe et/2/Augus	en annopse.

MAILING ADDRESS:

TO:

**Registration Section** 

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 32314 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Ctifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HAILE	SEWELPN ! WAN , UC
	(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 Compa	nny were filed on <u>C</u>	16.24.2019	and assigned
Florida document number 109 000 89469.			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited li	iability company hero	<b>;</b>	
The new name must be distinguishable and contain the words "Limited Li	ability Company," the des	gnation "LLC" or the abbi	reviation "L.L.C."
Enter new principal offices address, if applicable:	<del> </del>		
(Principal office address MUST BE A STREET ADDRESS)			<del></del>
			野野田
Enter new mailing address, if applicable:		·	6
(Mailing address MAY BE A POST OFFICE BOX)			Fig. 15
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h		our records, <u>enter f</u> l	he name of the nev
Name of New Registered Agent:		<u></u>	
New Registered Office Address:			
	Enter Florid	a street address	
		, Florida	Zip Code
N. B. C. L. C.	City		Zip Code
New Registered Agent's Signature, if changing Registered Age			
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent a being filed to merely reflect a change in the registered officempany has been notified in writing of this change.	ete performance of m is provided for in Ch	y duties, and I am fai apter 605, F.S. Or, if	miliar with and Tthis document is
If C	hanging Registered Agen	t, Signature of New Regi	stered Agent

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR_	ASBELL, JOHN C	9116 SW 5/St RUAD 102 GAINESVILLE, FL 3260	□ Add
			□ Remove
			Change
MGR	ASBELL, SHEENIA	9116 SW 515+ ROAD, 107 GAINESVILE, FL 32609	□ Add
		——————————————————————————————————————	<b>B</b> ☐ Remove
			Change
		-	☐ Remove
			Change
	<del></del>	Add	
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(If an eff	ive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	September 5  Signature of a member or authorized representative of a member
	Shena Typed or printed name of signee

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Filing Fee: \$25.00