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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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SEP 02 2015 J SHIVERS

COVER LETTER

SUBJECT: HASS	Name of Limi	ted Liability Company	
The enclosed Articles of A	Amendment and fee(s) are subr	nitted for filing.	
Please return all correspon	ndence concerning this matter t	to the following:	
	Tyson H	Name of Person	
	HASS CUSTO	M INTERIORS, C	LLC
	16900 Mc1	Scenor Blud Address	
		City/State and Zip Code NTFRIORSE GMAI to be used for future annual report notifications.	8 Com
For further information co	oncerning this matter, please ca		
Tyson HAS	SS Person	at (860) 941 - Area Code Daytime T	4997 Felephone Number
Enclosed is a check for th	e 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:

TO:

Registration Section Division of Corporations

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

TO ARTICLES OF ORGANIZATION OF

HASS COSTOM INTERIORS CC (Name of the Limited Liability Company as it now abpears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company w	ere filed on Iburnsel, 9, 2010 and assigned
Florida document number <u>L 20000115914</u> .	·
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabili	ty company here:
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:	16900 McGregor Blud
(Principal office address MUST BE A STREET ADDRESS)	16900 McGregor Blud FORT MYERS, FL 33908
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	16900 McGragor Blvd FORT MYERS, FL 33908
B. If amending the registered agent and/or registered office address here:	ce address on our records, enter the name of the new
Name of New Registered Agent:	<u> </u>
New Registered Office Address:	Enter Florida street address
	, Florida
New Registered Agent's Signature, if changing Registered Agent:	City ZipCode - 1-7
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete pa accept the obligations of my position as registered agent as pro- being filed to merely reflect a change in the registered office an	erformance of my duties, and I am familiar with and ovided for in Chapter 605, F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	RICHARD STIG	1926 NE 14th TERR CAPE CORAL, FL 33909	X Add
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e record sp The 90th d	ecifies a de ay after th	elayed effect e record is	ctive da filed.	ate, but	t not a	n effe	tive tii	ne, at	12:0	1 a.m	ı. on	the e	arlier o
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Page 3 of 3

Filing Fee: \$25.00