

LI0000124961

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

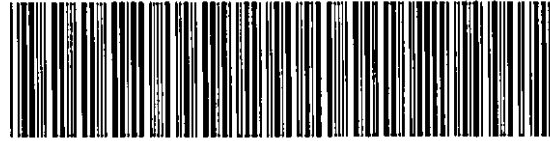
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NOV 28 A 6:15

FILED

11/29/18 Js



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 9, 2018

HERSCHEL A SHIRLEY
12905 CR 39 S
LITHIA, FL 33547

SUBJECT: HAS INSPECTIONS, LLC
Ref. Number: L10000124961

2018 NOV 28 10:06 AM
Division of Corporations

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We have received your document for HAS INSPECTIONS, LLC 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 FL CORP, but your entity is a FL LLC. Please complete and return the enclosed blank form(s).

Please return 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.

Dionne M Scott
Regulatory Specialist II

Letter Number: 418A00023207

2018 NOV 28 10:06 AM

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HAS Inspections 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:

Herschel A Shirley
Name of Person

HAS Inspections LLC
Firm/Company

12905 CR 39 S
Address

Lithia FL 33547
City/State and Zip Code

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

2013 NOV 28 A 6:15

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For further information concerning this matter, please call:

Herschel A Shirley at (813) 654-7102
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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:
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**

HAS Inspections 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 _____ and assigned Florida document number L16000124961.

This amendment is submitted to amend the following:

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

(Principal office address MUST BE A STREET ADDRESS)

12919 CR 39 S

Lithia FL 33547

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

12919 CR 39 S

Lithia FL 33547

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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

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>	<u>Type of Action</u>
MGR	Janda S Fussell	12919 CR 39 S	<input checked="" type="checkbox"/> Add
		Lithia FL 33547	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Herschel A Shirley	12905 CR 39 S	<input type="checkbox"/> Add
		Lithia FL 33547	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR (Secretary)	Mark V Richter	1024 W Wildstrumpf Ave	<input checked="" type="checkbox"/> Add
		Tampa FL 33603	<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
			<input type="checkbox"/> Change

FILED
 2011 NOV 28
 Add
 Remove
 Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Multiple horizontal lines for amending information.

2019 NOV 28 A 6:16

FILED

E. Effective date, if other than the date of filing: 11/20/18 (optional)

(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) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 11/20/18

H. Andrew Sturley
Signature of a member or authorized representative of a member

Herschel A Sturley
Typed or printed name of signee