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SECRETARY OF STATE DIVISION OF CORPORATIONS

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: HADAUA DEADING LLL Name of Limited Liability Company
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:
Hagali Burkez - 4ANO Name of Person
/ Name of Person
Firm/Company
2917 Wilder Ave
Address
7917 W Wilder Ave Address TAUPA FL 33614 City/State and Zip Code
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
HAGA 18 SUAREZ - L/AND at (8/3) 679-766/ 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} \text{S55.00 Filing Fee & Certified Copy (additional copy is enclosed)} \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:

2

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

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

Hahava 8	1) earline ((d			
(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 Lia Florida document number 4/10000 214	bility Company were filed on 05/08/2011 and assigned 35%.			
This amendment is submitted to amend the follow	ving:			
A. If amending name, enter the new name of t	the limited liability company here:			
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Company," the designation "LLC" or the abbreviation			
Enter new principal offices address, if applical	ble:			
(Principal office address MUST BE A STREET	'ADDRESS)			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE B	<u></u>			
B. If amending the registered agent and/or registered agent and/or the new registered officers.	registered office address on our records, enter the name of the new ce address here:			
Name of New Registered Agent:	Magali Guaeez-Llano 2917 W Wilder Ave			
New Registered Office Address:	2917 W Wilder Ave Enter Florida street address			
	TAMPA , Florida 33614			
New Registered Agent's Signature, if changing Re	City Zip Code			

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, Inhereby 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 = Ma MGRM = N	nager Aanaging Member		
<u>Title</u>	<u>Name</u>	Address .	Type of Action
<u>P</u>	Magali BUAREZ-LAND	2917 W Wilder Ave TAMPA FL 33614	Z Add Remove
HBK	Eddyth Gazzin	7917 W Wilder ADE TAMPA FC 33614	Add Z Remove
			Add Remove
			Add Remove
			Add Remove
	•		Add Remove
D. If amend	ling any other information, enter change(s	s) here: (Attach additional sheets, if necessary.)	_
	- / / -		
Dated <u>の</u> の	-/08/2011 		
	Signature of a member or HADAIO SURREZ - LAC Typed or	authorized representative of a member 20 printed name of signee	

Page 2 of 2

Filing Fee: \$25.00