

L11000090973

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

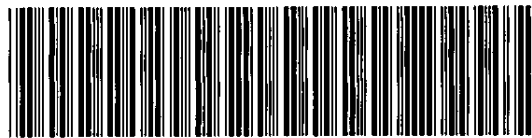
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400284750404

04/21/16--01019--008 **55.00

RECEIVED
DEPARTMENT OF STATE
16 APR 21 AM 11:39
FILED

2016 APR 21 P 12:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR 22 2016
J. BRUCE

CT Corporation System

515 E Park Avenue, Tallahassee, FL, 32301 850-222-1092

HASWELL PROPERTIES, LLC

L11000090973

☐ Nonprofit

☐ Foreign

☒ Amendment

☐ Merger

☐ Limited Partnership

☐ Dissolution/Withdrawal

☐ Mark

☐ LLC

☐ Reinstatement

☐ Annual Report

☐ Other

☐ Name Registration

☒ Certified Copy

☐ Fictitious Name

☐ UCC

Amendment Filing

☐ Call When Ready

☐ CUS

☒ Walk In

☐ Photocopies

☐ Mail Out

☐ After 4:30

☐ Call If Problem

☒ Pick Up

☐ Will Wait

Name

Availability _____

Document

4/21/2016

Order#:

Examiner _____

9973373

Updater _____

KM

Ref#:

Verifier _____

W.P. Verifier _____

Amount: \$

FILED
2016 APR 21 P 12:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HASWELL PROPERTIES, 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:

PAULO MIRANDA

Name of Person

PSM CORPORATE SERVICES INC.

Firm/Company

1001 BRICKELL BAY DRIVE, SUITE 2406

Address

MIAMI, FL 33131

City/State and Zip Code

PSM@PSMCORPORATE.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LIVIA VIEIRA

at (305) 456-3752

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

2016 APR 21 P 12:12
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

FILED

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

HASWELL PROPERTIES, 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 08/08/2011 and assigned
Florida document number L11000090973.

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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

17651 Biscayne Blvd

(Principal office address MUST BE A STREET ADDRESS)

Aventura, FL 33160

Enter new mailing address, if applicable:

17651 Biscayne Blvd

(Mailing address MAY BE A POST OFFICE BOX)

Aventura, FL 33160

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

2016 APR 21 PM 1:12
FILED
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

2016 APR 21 P 12:12
RECORDS SECTION
TALLAHASSEE, FLORIDA

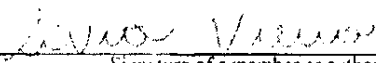
FILED

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

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated April 21st, 2016


Signature of a member or authorized representative of a member

Livia Vieira
Typed or printed name of signee

FILED
2016 APR 21 P 12:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA