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Office Use Only



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COVER LETTER

| TO: Registration Section Division of Corpo | | , | |
|--|---|--|---|
| SUBJECT: | HAKU LL Name of Lim | ited Liability Company | · |
| The enclosed Articles of An | nendment and fee(s) are su | bmitted for filing. | |
| Please return all correspond | ence concerning this matte | er to the following: | |
| | 2301 Col Miami | Name of Person LLC Firm/Company Clins Au # Address Blach FL 3 City/State and Zip Code (Sobed gmail.e) (to be used for future annual report notice) | 310 P D |
| For further information cond | cerning this matter, please | call: | |
| Mo hame of Po | L Elgayon erson | at (<u>917</u>) <u>701</u> – Area Code & Daytir | 5/44 ne Telephone Number |
| Enclosed is a check for the f | following amount: | | |
| \$25.00 Filing Fee | □\$30.00 Filing Fee & Certificate of Status | □\$55.00 Filing Fee & Certified Copy | □\$60.00 Filing Fee, Certificate of Status & |

MAILING ADDRESS:

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

Certified Copy

(additional copy is enclosed)

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

(additional copy is enclosed)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

| OF | |
|--|--|
| Haku LL | y as it now appears on our records.) ability Company) |
| (Name of the Limited Liability Compan | y as it now appears on our records.) |
| (A Florida Limited Li | ability Company) |
| The Articles of Organization for this Limited Liability Company | |
| Florida document number <u> </u> | / |
| · | |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited liabil | lity company here: |
| <u> </u> | |
| The new name must be distinguishable and end with the words "Limito" L.L.C." | ed Liability Company," the designation "LLC" or the abbreviation |
| Enter new principal offices address, if applicable: | 1915 Purdy Ave |
| (Principal office address MUST BE A STREET ADDRESS) | 1915 Purdy Ave Miami Beach FL 33139 |
| | |
| | |
| Enter new mailing address, if applicable: | |
| (Mailing address MAY BE A POST OFFICE BOX) | |
| | |
| | |
| B. If amending the registered agent and/or registered offi registered agent and/or the new registered office address here | |
| | |
| Name of New Registered Agent: | |
| New Registered Office Address: | |
| | Enter Florida street address |
| | |

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 608, 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.

City

If Changing Registered Agent, Signature of New Registered Agent

Florida

Zip Code

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

| Name | Address | Type of Action |
|-------------|--|---|
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| - | | | additional sheets, if necessary.) |
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