L13000139764

(Re	equestor's Name)	-
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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

TO:	Registration Se Division of Cor				
		AY & ASSOCIATES, LLC	•		
SUBJEC	JI:	Name of Lim	ited Liability Company	<u> </u>	
		Amendment and fee(s) are sub			
		Nicholas Long			
			Name of Person		, .
		Craig D. Blume, P.A.		22 AUG 10	DIVISION OF CORPORATIONS
			Firm/Company		- Si
		750 11th St. S., Suite 201		5	F 00:
			Address	AH 10: 42	
		Naples, FL 34102		: 42	TION
			City/State and Zip Code		, 4
		napleslawoffice@gmail.cor E-mail address: (n to be used for future annual report notifica	ition)	
For furth	ner information c	oncerning this matter, please c	all;		
Nichola	s Long		239 417-4848		
	Name o	f Person	at () Area Code Daytime T	elephone Number	
Enclose	d is a check for th	he following amount:			
□ \$2 5	.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	Mailing Addres Registration S		Street Address: Registration Secti	on	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Haddaway & Associates, 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 October 3, 2013 and assigned Florida document number L13000139764 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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

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 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>	Address	Type of Action
MGR	James Gall	80 S.W. 8th Street, Suite 2000	
		Miami, FL 33130	□Remove
			□Change
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