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## **COVER LETTER**

TO: Registration Section
Division of Corporations

SUBJECT: HAKFIA LLC	
Name of Limit	ted Liability Company
The analogue Assistant of Amondment and foo(s) are subr	nitted for filing
The enclosed Articles of Amendment and fee(s) are subr	mucu for fitting.
Please return all correspondence concerning this matter t	o the following:
Flavio	Name of Person
HARELA,	L L C Firm/Company
5239 OC	Address
SAMASULA,	FL 34242 City/State and Zip Code
E-mail address: (i	be used for future annual report notification)
For further information concerning this matter, please ca	ill:
Flavio Cristofeli Name of Person	at (941) 780-6086  Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
\$25.00 Filing Fee Sand Sand Status  Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 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 Address: 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

FILED

2021 AUG 25 PM 4: 18 HARELA, LLC

(Name of the Limited Liability Company as it now appears on our records) RETARY OF

(A Florida Limited Liability Company)

FALL AHASSEE. TALLAHASSEE, FILE The Articles of Organization for this Limited Liability Company were filed on Florida document number 414000050988 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 registe 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 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 add or removed from our records: MGR = Manager AMBR = Authorized Member Type of Action Address Title Name MGRM Flavio CristoEuli []Add \_\_\_\_\_Change MERM HARVA I HARD 5239 Ocean Blvd XAdd Sarasita, FL 3/2/2 | Remove \_\_\_\_ Change \_\_\_\_\_ □Remove \_\_\_\_\_ Change

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\_\_\_\_\_ Change

Effective date, if other than the date of filing:  [an effective date, if other than the date of filing:  [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 695.07.  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records.  The effective date on the Department of State is records.  The 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 dis filed.  Signature of a member or authorized representative of a member	_	
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		Signature of a member or authorized representative of a member
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