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<u>FROM</u>: Eric Halfen

<u>Daytime telephone number:</u> 786-925-8863

Return Address: 904 Captiva Drive Hollywood FL 33019

## **COVER LETTER**

TO	D: Registration Sect Division of Corpo		
CT	HALFEN	LLC	
30	BJECT:	Name of Limited Liability Company	
		amendment and fee(s) are submitted for filing.	
Pię	ease return all correspond	dence concerning this matter to the following:	
		ERIC HALFEN	
		Name of Person	
		HALFEN LLC	
		Firm/Company	
		904 CAPTIVA DR	
		Address	
		HOLLYWOOD, FL 33019	
		City/State and Zip Code ERICHALFEN@GMAIL.COM	
		E-mail address: (to be used for future annual report notification)	
Fo	r further information cor	ncerning this matter, please call:	
E	RIC HALFEN	786 9258863	
	Name of I	Person Area Code Daytime Telephone Number	
En	closed is a check for the	following amount:	
	\$25.00 Filing Fee	☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Certificate of Status  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy	Status &

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HALFEN LLC	
( <u>Name of the Limited Liability</u> (A Florida I.	Company as it now appears on our records.) imited Liability Company)
The Articles of Organization for this Limited Liability Con Florida document number	mpany were filed on and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limite	ed liability company here:
The new name must be distinguishable and end with the words "Limi	ted 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 ADDRE	<u> </u>
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registe registered agent and/or the new registered office addre	ered office address on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	
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 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.

City

If Changing Registered Agent, Signature of New Registered Agent

If amendir	ng the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or
Authorized	d Member being added or removed from our records:
MCP = 1	Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MR	EDUARDO HALFEN	904 CAPTIVA DR	
			Add
		HOLLYWOOD FL 33019	□ Remove
			Add
			Remove
			Add
			Remove
			□ Add
			Remove
			56
			□ Remove
			•
			□ Add
			Remove

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he effective date must be specific, cannot be he date this document is filed by the Florida  AUGUST 04  Dated	e prior to date of receipt or filed date and can a Department of State) 2014	not be more than 90 days after
he effective date must be specific, cannot be the date this document is filed by the Florida AUGUST 04  Dated	e prior to date of receipt or filed date and can a Department of State)	not be more than 90 days after
The effective date must be specific, cannot be the date this document is filed by the Florida AUGUST 04  Dated	e prior to date of receipt or filed date and can a Department of State) 2014	not be more than 90 days after

Page 3 of 3

Filing Fee: \$25.00