

L15000024787

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : EAGLE TAX REPRESENTATION, CORP.
Account Number : 120070000037
Phone : (954)532-3842
Fax Number : (954)532-3847

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: paulo@eagk-tax.com

SECRETARY OF STATE
MAIL ROOM STAFF

2021 DEC -9 PM 1:32

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN HAOB INVESTMENTS, LLC

Certificate of Status	1
Certified Copy	0
Page Count	05
Estimated Charge	\$30.00

2021 DEC -9 AM 10:17

MAIL ROOM STAFF

DEC 09 2021

W. SOLOMON

Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: HA0B INVESTMENTS, 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 Oliveira

Name of Person

Eagle Tax Representation, Corp

Firm/Company

5493 Wiles Road Suite 105

Address

Coconut Creek - FL - 33073

City/State and Zip Code

paulo@eagle-tax.com

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

For further information concerning this matter, please call:

Paulo Oliveira

Name of Person

954

532-3842

at (_____) _____

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

SECRETARY OF STATE
ATTN: MARSHALL P. PIPER

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FILED

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HAOB INVESTMENTS, 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 02/10/2015 and assigned
Florida document number L15000024787

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

HAOB Horizontal Drilling, LLC

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:

6451 NW 102nd Avenue - Suite 09

(Principal office address MUST BE A STREET ADDRESS)

Doral FL 33178

Enter new mailing address, if applicable:

6451 NW 102nd Avenue - Suite 09

(Mailing address MAY BE A POST OFFICE BOX)

Doral FL 33178

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

City, Florida

Zip Code

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

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 SECRETARY OF STATE
 OFFICE OF THE CLERK
 TALLAHASSEE, FLORIDA

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>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
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		_____	<input type="checkbox"/> Remove
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		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

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SECRETARY OF STATE
CLERK OF SUPERIOR COURT
CLERK OF DISTRICT COURT
CLERK OF PROBATE COURT
CLERK OF JUDICIAL BRANCH

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

SECRETARY OF STATE
WASHINGTON, D.C.

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 NATIONAL BUREAU OF STANDARDS
 U.S. DEPARTMENT OF COMMERCE
 100 BUREAU DRIVE
 GAITHERSBURG, MARYLAND 20899

F. Effective date, if other than the date of filing: _____ (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing.)

NOTE: If the date inserted in this block does not meet the applicable minimum filing requirements, the return is considered late. (optional)

Notes: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated December 07th 2021

Signature of a member or authorized representative of a member

Otoniel A. Pinho

Typed or printed name of signee

Filing Fee: \$25.00