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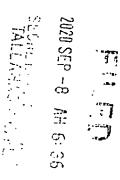




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COVER LETTER

	Registration Se Division of Cor				
SUBJEC	HAFFY, LI	LC		•	
		Name of Lin	nited Liability Company		
The enclo	osed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please ret	urn all correspo	ondence concerning this matter	to the following:		
		MARIA A. YUSTE			
			Name of Person		
		HAFFY, LLC			
		· · · · ·	Firm/Company		
	333 ARTHUR GODFREY ROAD, SUITE 613				
			Address	····	
MIAMI BEACH, FL 33140					
		maria@haffykids.com			
		E-mail address: (to be used for future annual report notificat		2
For furthe	er information c	oncerning this matter, please c	all:	W Z C	່ນ20
Maria A.	Yuste		786 286-1786 at ()		7020 SEP -
	Name o	f Person			ω
Enclosed	is a check for th	ne following amount:		ن بازد مارون ان بازد	
□ \$25.0	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	

TO:

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

HAFFY, 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 $\frac{09/14/2015}{1}$ and assigned Florida document number ____L15000156374 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 __

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 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	HENRY N. FARFAN	6917 SW 63RD AVENUE	□Add
		MIAMI, FL 33143	■Remove
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100 Seeparo Juste			
Signature of a member or authorized representative of a member			

Filing Fee: \$25.00