L16000065512

(Re	questor's Name)	
(Ad	dress)	··-
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	<u>.</u>
Certified Copies	_ Certificates	of Status
Special Instructions to f	Filing Officer:	

Office Use Only



100328876211

100328876211 05/02/19--01002--002 **25.00

9 MAY - 1 PB 38 12

RECEIVED

19 flay -1 PH 9: 10

K. SALY MAY 02 2019

CORPORATE ACCESS, _

When you need ACCESS to the world

INC.

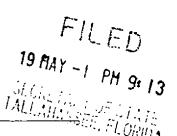
236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

	PIC	CK UP:	05/01/2019		
	CERTIFIED COPY				
xx	РНОТОСОРУ		<u>.</u>		
	CUS	·			
хх	FILING	AME	NDMENT		
1.	HAFT, LLC (CORPORATE NAME AND DOC	UMENT#)			
2.	(CORPORATE NAME AND DOC	UMENT#)			
3.	(CORPORATE NAME AND DOC	UMENT#)			
4.	(CORPORATE NAME AND DOC	UMENT#)			
5.	(CORPORATE NAME AND DOC	UMENT#)			
6.	(CORPORATE NAME AND DOC	UMENT #)			
SPECI.	AL INSTRUCTIONS:				
	_			-	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Haft, 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 vi Florida document number L16000065512	were filed on 04/04/2016	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
The new name must be distinguishable and contain the words "Limited Liability	ty Company," the designation "LLC" or th	e abbreviation "L.1 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 off registered agent and/or the new registered office address here Name of New Registered Agent:		er the name of the new
New Registered Office Address:	Enter Florida street address	
	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as publing filed to merely reflect a change in the registered office a company has been notified in writing of this change.	performance of my duties, and La. vovided for in Chapter 605, F.S. (m familiar with and Fr. if this document is

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	Paul Squarcia	99 Derby Street #101, Hingham, MA 02043	= Add
			□ Remove
			□ Change
AMBR	Paul Squarcia	99 Derby Street #101, Hingham, MA 02043	Add
			■ Remove
			☐ Change
AMBR	Paul Zammito	4 Spoondrift Circle, Mashpee, MA 02649	
			Remove
			☐ Change
			19 19 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
			Dichange PH 9
			Remove
			☐ Change
			Add
			□ Remove
			☐ Change

_		
_		
_		
-		9
-		E E
-		<u> </u>
_		PH THE
_		
_		
		-
_		
-		
-		
_		
_		
		
_		
(If an eff Note:	tive date, if other than the date of filing:	uant to 605.0207 (; oot be listed as th
If the rec (b) The	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the e 90th day after the record is filed.	ne earlier of:
	1// // / / / /	
Dated	1 4/29/19	
Dated	Signature of a member or authorized representative of a member	

Page 3 of 3

Filing Fee: \$25.00