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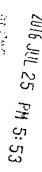
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COVER LETTER

TO:	Registration Sect Division of Corpo				
SUBJ	ест:	utting Butt Name of Limi	Hawas LLC ted Liability Company		
The er	aclosed Articles of A	mendment and fee(s) are subr	nitted for filing.		
Please	return all correspond	lence concerning this matter t	to the following:		
		Nuttin Duttin	Name of Person Rect force Name of Person Ruff Haugs Firm/Company	15 JH 2: 53	というができたい。これでは、これでは、これでは、これでは、これでは、これでは、これでは、これでは、
		1789	1 WetSten R	<u>u</u> ====================================	, [
		- Morth	H. Myss H. City/State and Zip Code	33917	
		E-mail address: (t	o be used for future annual report notifi	ication)	
For fu	rther information cor	ncerning this matter, please ca			
	Name of I		at (239) 410-4	Telephone Number	
Enclos	sed is a check for the	following amount:			
Æ \$2	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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Li	Buttability Company as lorida Limited Liabil	Hang S it now appears on or ity Company)	r records.)		
The Articles of Organization for this Limited Liabili		e filed on		and assigne	d
This amendment is submitted to amend the followin	g:				
A. If amending name, enter the new name of the	limited liability	company here:			
The new name must be distinguishable and contain the words	Hauge "Limited Liability C	ompany," the designat	ion "LLC" or the abbrev	viation "L.L.C."	,
Enter new principal offices address, if applicable	:	17891	wetStene	RU.	<u> </u>
(Principal office address MUST BE A STREET A)	DDRESS)	Morth Fl	. myers, F	7.339	12
Enter new mailing address, if applicable:	-			125 P	1000 C
Mailing address MAY BE A POST OFFICE BOX	- 0			N	ران سرا این سرا
12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	<u> </u>			in S	
B. If amending the registered agent and/or r registered agent and/or the new registered office	•	address on our	records, enter the	name of t	<u>he new</u>
Name of New Registered Agent:					
New Registered Office Address:		Enter Florida stre	ret address		
_	· · · · · · · · · · · · · · · · · · ·	·····	, Florida	······································	
		City	;	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

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
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). If ame	nding any otl	ner informat	ion, enter c	hange(s)	here: (A	ttach additi	onal sheets	, if nece	essary.)	
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(If an effe Note:	ve date, if oth ctive date is liste if the date inse ent's effective	ed, the date must rted in this blo	be specific and ck does not r	i cannot be neet the a	pplicable:	e of filing or n statutory filir	nore than 90 c	_ (optic lays after ents, this	filing.) Pursu	uant to 605.0207 (2 ot be listed as th
	ord specifie 90th day af				t not an	effective	time, at 1	2:01 ā	ı.m. on th	ne earlier of:
Dated_	7-20	-16		, <u></u>						
			Signature of a	cles member or	S/Ca	representative	of a membe	r		
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Page 3 of 3

Filing Fee: \$25.00