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D. BRUCE JAN 24 2017

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: 1434 Hage Propert Name of Limited Liability Com	pany pany
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Raymond 6 Hage Name of Po	erson
Firm/Com	pany
1790 SE 230 Ave Ap	+ (-B
Fort Lauludde FL City/State and Z	33316
1 20 1	re annual report notification)
For further information concerning this matter, please call:	re annual report notification) AHE ASSECTION TO SECTION TO SECT
	7) 543 7786 Pode Daytime Telephone Number
England is a shock for the fall with a recent	7 A G
Enclosed is a check for the following amount: \$\Pi \text{ \ \text{ \tex	ing Foo & Total OO Filing Foo
Certificate of Status Certified	

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 Lial (A Flor	bility Company as it now appears on our records.) rida Limited Liability Company)
	Company were filed on $\frac{ \lambda }{30}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the li	imited liability company here:
The new name must be distinguishable and contain the words "LEnter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDITIONAL OF A STREET A STREET ADDITIONAL OF A STREET ADDITIONAL OF A STREET A ST	DRESS)
Enter new mailing address, if applicable: (<u>Mailing address MAY BE A POST OFFICE BOX)</u>	F. D.
B. If amending the registered agent and/or represent and/or the new registered office ac	gistered office address on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street 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 = Ma $AMBR = Au$	anager athorized Member		
<u>Title</u>	Name	Address	Type of Action
MGR	Raymond G Hage JR	1790 SE 23 of Ave, Apt (Fort Landerly FL 333	Add Add
	(Fort Landerlute FL 333	Remove
			☐ Change
			Add
			□ Remove
			Change
			□ Add
			Remove
			ALC Charge
			Add -
			Romove
			GRIDA CMEnge
			□ Remove
			Change
			Add
			□ Remove
			Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
	TA: 20	
		~17
	JAN 27 HASS	No. of the last of
		П
	ORA +	O
(If an ef <u>Note:</u>	tive date, if other than the date of filing: (optional) (fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed ment's effective date on the Department of State's records.	207 (3)(I as the
the re	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier 90th day after the record is filed.	of:
Dated	January 17th 2017 N	
	Signature of a member or authorized representative of a member	
	Raymond G Hage SK	

Page 3 of 3

Filing Fee: \$25.00