

h18000030950

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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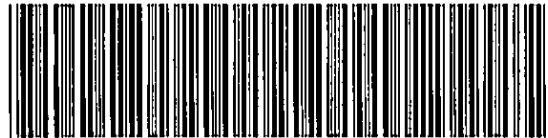
(Business Entity Name)

(Document Number)

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07/09/18--01013--026 **25.00

FILED
2018 JUL -6 PM 1:04
CLERK OF CIRCUIT COURT
TALLAHASSEE, FLORIDA

11/6/18

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HABEX INTERNATIONAL 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:

Nasir Garba Abubakar
Name of Person

HABEX INTERNATIONAL LLC
Firm/Company

140 ACKLINS CIRCLE, APT 207 DAYTONA BEACH FLORIDA.
Address

32119
City/State and Zip Code

Garba.nasir@yahoo.co.uk
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nasir Garba Abubakar at (929) 3866857
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

Haley International 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 07-09-18 and assigned
Florida document number 18-8000000702.

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 "LLC."

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

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
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	NASIRU GARBA	778 Jimmy ANN DRIVE	<input type="checkbox"/> Add
		APT 904 DAYTONA BEACH, FL, 32119	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Muhammad R. LAWAL	140 ACKLINS CIRCLE, APT 207	<input checked="" type="checkbox"/> Add
		DAYTONA BEACH FLORIDA, 32119	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Muhammad R. LAWAL	140 ACKLINS CIRCLE, 207, DAYTONA	<input checked="" type="checkbox"/> Add
		BEACH FLORIDA 32119	<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
			<input type="checkbox"/> Change

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2018 JUL 26 PM 1:01
TALLAHASSEE, FLORIDA

FALHASSER FLORIDA

2018 JUL -6 PM 1:04
FALLAHASHTI, ALONDRA

FILED

Note: 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 07 - 05 - 2018

Signature of a member or authorized representative of a member

Nasiru Garba Abubakar
Typed or printed name of signee