1180000 79225

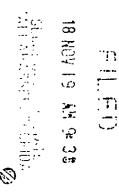
| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
| |
| |
| |
| |

Office Use Only



800320767498

11/19/18--01040--005 **55.00



DEC -1 2F18 T SCHROEDER

COVER LETTER

| SUBJECT: Hayb: | or Contrac | thny LLC | | |
|--|---|--|----------------------------|-----------------|
| The enclosed Articles of Amendment and fee(s) are submitted Limited Li | | | | |
| | | | | |
| The enclosed Articles of Amer | adment and fee(s) are sub | mitted for filing. | | |
| Please return all corresponden | ce concerning this matter | to the following: | | |
| _ | Ant | nony Cen | ollo | _ |
| | | Name of Person | | |
| _ | Harba | (antrucha | y LLC | _ |
| | | | | |
| _ | 175 I | ruin St U | <i>J</i> | _ |
| | | Address | | |
| | Salety | Harbor, FL | Stegs | _ |
| | la \ | City/State and Zip Code | | |
| | E-mail address: (| to be used for diture annual r | gmu / 12m | |
| For further information concer | | | | |
| Ann | (0.1) | 62 | Tis now | |
| Name of Pers | on CEWITO | at (<u>\$15</u>) Area Code | Daytime Telephone Number | <u> </u> |
| • | | | | |
| Enclosed is a check for the fol | lowing amount: | | | |
| □ \$25.00 Filing Fee □ | \$30.00 Filing Fee & Certificate of Status | \$55.00 Filing Fee & Certified Copy tadditional copy is encl | Certific used) Certifie | ate of Status & |

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 I | ONTY Liability Compan Florida Limited L | y as it now app | ears on our | MC records. | | | |
|--|---|-----------------|---------------------------------|-----------------|---|---------------|-----------|
| The Articles of Organization for this Limited Liabi Florida document number | lity Company v 2 2 5. | were filed on | 03/28 | 1/2018 | ar | nd assig | gned |
| This amendment is submitted to amend the following | ng; | | | | | | |
| A. If amending name, enter the new name of the | e limited liabil | lity company | here: | | | | |
| The new name must be distinguishable and contain the words Enter new principal offices address, if applicable (Principal office address MUST BE A STREET A | e: | ty Company," th | e designatio | on "LLC" or the | abbreviati | ion 7.1. 8 | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO) | <u>X)</u> | | | , | 2000 2000 2000 2000 2000 2000 2000 200 | ў. Ф | <u> </u> |
| B. If amending the registered agent and/or registered agent and/or the new registered office | | | on our r | ecords, ente | r the n | ame o | f the new |
| Name of New Registered Agent: | Antho | my () Drwin | enllo | | | - | |
| New Registered Office Address: | 175 | Drwin | S } Florida strce | Laddress | | | |
| - | Satet | | | Florida _ | 3 <u>41</u> Zip | 045 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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

| MGR = M $AMBR = A$ | anager uthorized Member | | |
|--------------------|----------------------------|---------|----------------|
| <u>Title</u> | <u>Name</u> | Address | Type of Action |
| | | | |
| | | | ☐ Remove |
| | | | ☐ Change |
| | | | |
| | | | Remove |
| | | | □ Remove |
| | | | |
| | | | ⊕ Remove |
| | | | □ Change |
| | | | |
| | | | ☐ Remove |
| | | | Change |
| | | | □ Add |
| | | | ☐ Remove |
| | | | ☐ Change |
| | | | |
| | | | □ Remove |
| | | | ☐ Change |

| <u> </u> | | | | | |
|-----------------------|--|-----------------------|------------------------|--------------------|-------------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | ·· | | , | | |
| | | - | | | 18 NOV |
| | | | | <u>गः</u> • | |
| | | . | | <u></u> | <u>.</u> |
| | | | | | <u> </u> |
| | | | | | دي <u>ه</u> را |
| | | | | 10 | |
| | | | | | |
| | | | | | |
| ective date, if ot | her than the date of filing: | : | ·-·· | (optional) | |
| ite: If the date inso | ed, the date must be specific and certed in this block does not me | ect the applicable st | | | |
| cument's effective | date on the Department of Sta | ate's records. | | | |
| record specifie | s a delayed effective da | ate but not an i | effective time, at | : 12:01 a.m. on th | e earlier |
| | ter the record is filed. | re, our not an | arrederre arrie, ot | | c carrer |
| ted | 16/2018 | | | | |
| ited tri | 7 | | | | |
| | | 141 | | | |
| | | $-\frac{N}{2}$ | epresentative of a mem | | |

Page 3 of 3

Filing Fee: \$25.00