

118000095064

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

(Business Entity Name)

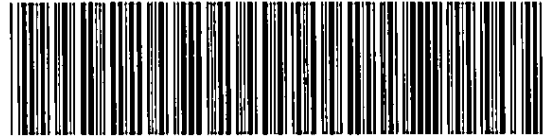
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SECRETARY OF STATE
DIVISION OF CORPORATIONS
18 MAY 17 AM 11:47

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MAY 18 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Haze 3D 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:

Gary Benjamin
Name of Person
Haze 3D, LLC
Firm/Company
2325 Fremont Dr
Address
Sarasota FL 34238
City/State and Zip Code
agent@comcast.net
E-mail address; (to be used for future annual report notification)

For further information concerning this matter, please call:

Gary Benjamin at (941) 730-3605
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$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

Haze 3D, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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DIVISION OF CORPORATIONS
10 MAY 17 AM 11:48

The Articles of Organization for this Limited Liability Company were filed on 4/16/18 and assigned
Florida document number L18000095064

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 "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

779 Commerce Dr
Unit 13
Venice, FL 34292

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

779 Commerce Dr
Unit 13
Venice, FL 34292

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:

779 Commerce Dr Unit 13
Enter Florida street address
Venice Florida 34292
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>
<u>Mr</u>	<u>Scott Shi. Fulho</u>	<u>2325 Fremont Dr</u>	<input type="checkbox"/> Add
		<u>Sarasota, FL 34238</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>Mr</u>	<u>Kevin Sipe</u>	<u>779 Commerce Dr</u>	<input checked="" type="checkbox"/> Add
		<u>Unit 13</u>	<input type="checkbox"/> Remove
		<u>Venice FL 34292</u>	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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(If an effective 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 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

Dated May 15, 2018


Signature of a member or authorized agent

Signature of a member or authorized representative of a member

Gary Benjamin

Typed or printed name of signee