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(Requ	iestor's Name)	
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Certified Copies	Certificate	s of Status
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Name Chang

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COVER LETTER

TO: Registration Se Division of Cor		•			
SUBJECT: HA	165 Industrie	5 nited Liability Company	······································		
The enclosed Articles of	Amendment and fee(s) are sub	unitted for filing.			
Please return all correspo	indence concerning this matter	to the following:			
	Henry Lum	okins Name of Person			
	HAGS Inc	lustries			
		Firm/Company	-		
	7925 NW	87 Ave			
		Address			
	Tumarac, F	EL 33321			
	HLumpa ho	City/State and Zip Code That, CIM to be used for future annual report notific	mina V	S PAR -I	- 14 - 15 - 15 - 10 - 10
For forther information of			adon)		: ز×ز
ror turner mnormation c	oncerning this matter, please c	an.			#96 190
Henry Lump	Kins	at (<u>954</u>) <u>732-118</u>	D6		F STATE
Name o	t Person	Area Code Daytime	Felephone Number	31	0.3.S
Enclosed is a check for the	ne 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 Certificate of Certified Cop (additional copy	Status & - by	

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, FI, 32301



February 21, 2019

HENRY LUMPKINS HAGS INDUSTRIES 7925 NW 87 AVE TAMARAC, FL 33321

SUBJECT: HAGS INDUSTRIES LLC

Ref. Number: L18000245916

We have received your document for HAGS INDUSTRIES LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." The abbreviations "Ltd." and "Co.", also are no longer acceptable. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing Senior Section Administrator

Letter Number: 719A00003749

RECEIVED 2019 MAR -1, PH 4: 01 SECRETARISS OF THE SECRETARIST OF THE S

TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HAGS Indi	istries L	L C			
(<u>Name of the Limite</u> (<u>d Liability Comp</u> A Florida Limited	any as it now appears Liability Company)	on our records.)		
The Articles of Organization for this Limited Lia Florida document number <u>L 1800 245 910</u>	bility Compan		1 2	and as	ssigned
This amendment is submitted to amend the follow	wing:				
A. If amending name, enter the new name of	the limited lia	<u>bility company he</u>	r <u>e</u> :		
HAGS Investments LLC The new name must be distinguishable and contain the wo					
The new name must be distinguishable and contain the wo	rds "Limited Liab	oility Company," the de	signation "LLC" or the abb	eviation "I	"L.C."
Enter new principal offices address, if applica	ble:	NA	1		
(Principal office address MUST BE A STREET	"ADDRESS)	,		19	
				 注	
				<u>.</u>	7.55.
Enter new mailing address, if applicable:		N/A		 -0	
(Mailing address MAY BE A POST OFFICE !	WYN)			<u></u>	Sign
Watting datasess MAT DE ATOST OFFICE L	<u>1017</u>	,		2,7	A
					
B. If amending the registered agent and/or registered agent and/or the new registered off Name of New Registered Agent:	ice address he	<u>re</u> :			
Name of New Registered Agent.	•				
New Registered Office Address:	AA	Enter Flori	da street address		
	ALM		. Florida		
		City		Zip Code	;
New Registered Agent's Signature, if changing R	egistered Agent	<u>!:</u>			

N/A
If Changing Registered Agent, Signature of New Registered Agent

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with 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 smending Authorized Person(s) authorized to manage, enter the title, name, and address of each person-being addor removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
	N/A		Add
			Remove
			□ Change
			Remove
			☐ Change
			□ Remove
			☐ Change
			□ Remove
			Change
	41-7-41-1-4-4-1-4-1-4-1-4-1-4-1-4-1-4-1-		
			Remove
			Change
			Remove
			Change

_	Α/A
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E. Effecti	ve date, if other than the date of filing:
Note:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ent's effective date on the Department of State's records.
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	February 8 2019
	Signature out member or authorized representative of a member
	Henry Lumpkins Typell or printed name of signee
	Henry Lumpkins Typel or printed name of signee

Page 3 of 3

Filing Fee: \$25.00