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COVER LETTER

TO:	Registration Se Division of Cor			
SUBJE	Hale Equity	LLC		
.,01,1		Name of Lim	ited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	mitted for tiling.	
Please	return all correspo	ndence concerning this matter	to the following:	
		Concetta M. Favuzza		
			Name of Person	
		7172 Maidstone Drive	Firm/Company	
		Port St. Lucie, FL 34986	Address	
		hale73@gmail.com	City/State and Zip Code	
		E-mail address: (to be used for future annual report notif	ication)
For fur	ther information c	oncerning this matter, please ca	all:	
Conce	tta M. Favuzza		860 338-3103 at () Area Code Daytime	: Telephone Number
	Name o	f Person	Area Code Daytime	: Telephone Number
Enclos	ed is a check for th	ne following amount:		
■ \$2	5.00 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

HALE EQUITY LLC	
(Name of the Limited Liability Company as it now appe (A Florida Limited Liability Company	ar <u>s on our records.</u>))
The Articles of Organization for this Limited Liability Company were filed on $\frac{0}{2}$	3/11/19 and assigned
Florida document number 1.190000680033	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company	<u>here</u> :
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)	
	70 TI
Enter new mailing address, if applicable:	<u></u>
(Mailing address MAY BE A POST OFFICE BOX)	
	<u> </u>
	>
B. If amending the registered agent and/or registered office address (registered agent and/or the new registered office address here:	on our records, <u>enter the name of the</u>
Name of New Registered Agent:	
New Registered Office Address: Enter F	lorida street address
	Phota.
City	, Florida Zıp 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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	VICTOR D DECESARE	7172 MAIDSTONE DRIVE PORT ST. LUCIE, FL 34986	■ Add
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ffective date, if other than the an effective date is listed, the date mos lote: If the date inserted in this blocument's effective date on the Do	t be specific and cannot be prior to ock does not meet the applicab	date of filing or more than 90	(optional) (days after filing.) Pursuant to 605.020 nents, this date will not be listed a
e record specifies a delayed The 90th day after the rec		an effective time, at	12:01 a.m. on the earlier o
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/)	-		
Casel	to m Farens	ya-	
Coroll	te M. Farrys Signature of a member or authory	bed representative of a memb	ner

Page 3 of 3

Filing Fee: \$25.00