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





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## **COVER LETTER**

Division of Co	orporations			
Mike Hag	gel LLC	•		
5,000.01.	Name of Lir	nited Liability Company	<u> </u>	
The enclosed Articles o	of Amendment and fee(s) are sul	omitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	Mike Hagel			
	*	Name of Person		
	Mike Hagel LFC			
		Firm/Company		
	3321 S Fletcher Avenue			
	47-8	Address		
	Fernandina Beach FL 320	34		
		City/State and Zip Code		
	E-mail address: (	to be used for future annual report notif	ication)	
For further information	concerning this matter, please c	all:		3
Mike Hagel		904 415-6039		
Name	of Person	Area Code Daytime	Telephone Number	(3) (1) (1) (1) (1) (1) (1)
Enclosed is a check for	the following amount:			. 5: 6.
■ \$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 Stat Certified Copy (additional copy is en	tus &
Mailing Addre	<u>'88:</u>	Street Address:		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Mike Hagel 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 April 2, 2019 \_\_\_\_\_ and assigned Florida document number 1.19000091231 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Michael J Hagel LLC 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) 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

## 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>	Address	Type of Action
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			□Remove
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Effective date, if other than the date of file fan effective date is listed, the date must be specific:	December 20, 2019 (optional) and cannot be prior to date of filing or more than 90 days after filing.) Pursuant meet the applicable statutory filing requirements, this date will not	nt to 605.0207 ( be listed as th
record specifies a delayed effective date, but r d is filed.	or an effective time, at 12:01 a.m. on the earlier of: (b) The 90th d	ay after the
Dated December 20	2019	
Signature ce	I member of an)hori tel representative of a member	<del></del> -
	Michael J. Hagel	

Filing Fee: \$25.00