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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Haney Real Estate 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:	
John Marcus Haney	
John March's Hancy ILC Firm/Company	
512 Black Horse Circle	
Canton, 6A 30114 City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Marc Haney at (770) 778 0301  Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee & Certificate of Status	of Status & ppy

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

Haney K	(ea) Estate LLC
	iability Company as it now appears on our records.) Iorida Limited Liability Company)
The Articles of Organization for this Limited Liabil Florida document number <u> </u>	ity Company were filed on <u>August 21, 20 A</u> nd assigned 837.
This amendment is submitted to amend the following	हि:
A. If amending name, enter the new name of the John Marci. The new name must be distinguishable and contain the words	Ilmited liability company here:  JS Haney LLC  "Limited Liability Company." the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	ALIA
(Principal office address MUST BE A STREET A.	DDRESS) 19 J Ft
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)	
B. If amending the registered agent and/or tregistered agent and/or the new registered office	registered office address on our records, enter the name of the new
Name of New Registered Agent:	N/A ESS 99
New Registered Office Address:	Enter Florida street address
	, Florida
_	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

or removed from our records: MGR = Manager AMBR = Authorized Member Title Name | Type of Action \_□ Add \_□ Remove \_□ Change □ Add \_□ Remove ☐ Change □ Add ☐ Remove \_ Change \_□ Add \_□ Remove ☐ Change □ Add ☐ Remove \_□ Change \_D Add ☐ Remove \_□ Change

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added

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(If an effe	ve date, if other than the date of filing:
	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	September 1 2019.
	Signature of a member or authorized representative of a member
	John Marcus Haney Typed or printed name of signed

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Filing Fee: \$25.00