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(Re	equestor's Name)	<u> </u>
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COVER LETTER

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TO: Registration S Division of Co			<i>ب</i> ې	
Haze & O	Ilie Properties LLC		•	E COMMENT
SUBJECT:	Name of L	imited Liability Company		2
				3 %
The enclosed Articles o	f Amendment and fee(s) are so	abmitted for filing.		73 m
Please return all corresp	ondence concerning this matt	er to the following:		
	Kendrick Soares			
		Name of Person		
	Haze & Ollie Properties	LLC		
	-	Firm/Company		
	4974 Waverly Woods Te	ттасе		
	· · · · · · · · · · · · · · · · · · ·	Address		
	Lake Worth 33463	FLORIDA		
		City/State and Zip Code		
	ksoares@boyntongranite.	com (to be used for future annual report notifi	(agton)	
For firther information	concerning this matter, please	•	canon)	
	evideering this matter, pieuse			
Kendrick Soares		561 809-4157 at ()		
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 Addre	Section	Street Address: Registration Sec		
P.O. Box 63	Corporations 27	Division of Corp The Centre of Ti		

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Haze & Ollie Properties 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 $\frac{12/11/2019}{2}$ Florida document number $\stackrel{1}{=}$ 19000301542 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) 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
MGR	Kendrick Soares	4974 Waverly Woods Terrace,	Add
		Lake Worth, FL 33463	□Remove
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Effective date, if other than the da	ate of filing:		(option	al)
Effective date, if other than the data in an effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Department.	e specific and cannot be k does not meet the ap	prior to date of filing or oplicable statutory fil	more than 90 days after fil ing requirements, this d	ing.) Pursuant to 605.0201 ate will not be listed as
e record specifies a delayed effective d rd is filed.	late, but not an effecti	ve time, at 12:01 a.m	. on the earlier of: (b)	The 90th day after the
Dated 12/30/2019	<u>'</u>		/ v 2	
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Si	gnatur (of a njember or	authorized representati	ve of a merriber	,

Filing Fee: \$25.00