

AUG/03/2021 TUE 09:49 AM

8/3/2021

FAX NO.

Division of Corporations

L20000216327

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : BLALOCK, WALTERS, HELD & JOHNSON, P.A.  
Account Number : 076666003611  
Phone : (941)748-0100  
Fax Number : (941)745-2093

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: Sorendorff@BlalockWalters.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
HAIVEN L.L.C.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$55.00

2021 AUG -3 AM 10:02

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

2021 AUG -3 AM 9:04

FILED

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(((H21000293401 3)))

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

HAIVEN L.L.C.

(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 7.23.2020 and assigned  
Florida document number L20000216327.

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)

3819 6th Ave W

Palmetto, FL 34221

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3819 6th Ave W

Palmetto, FL 34221

**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:

Blalock Walters, P.A.

New Registered Office Address:

802 11th Street West

Enter Florida street address

Bradenton

Florida 34205

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.*

Blalock Walters, P.A.  
If Changing Registered Agent, Signature of New Registered Agent

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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>	<u>Address</u>	<u>Type of Action</u>
AMBR	Michelle Myhree	PO Box 21	<input type="checkbox"/> Add
		Terra Ceia, FL 34250	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Curtis Myhree	1470 Bayshore Drive	<input type="checkbox"/> Add
		Terra Ceia, FL 34250	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Luke Myhree	3819 6th Ave W	<input checked="" type="checkbox"/> Add
		Palmetto, FL 34221	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated \_\_\_\_\_ July 29 2021

Luke Myhre

Signature of a member or authorized representative of a member

Luke Myhrce, Manager

Typed or printed name of signee

FILED  
2021 AUG -3 AM 9:04  
ST. JOHNS COUNTY  
TALLAHASSEE, FLORIDA

**Filing Fee: \$25.00**

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