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COVER LETTER

TO:	Registration Sec Division of Corp		ين.	•			
CL'D IF	HAC3 LLC				191	-	
SUBJE		Name of Lim	ited Liability Company				
		Amendment and fee(s) are sub					
		Alayne R Nogal					
			Name of Person				
		HAC3 LLC					
Firm/Company 4597 SE Marie Way Address Stuart, F1. 34997 City/State and Zip Code							
Address Stuart, F1. 34997							
		-	City/State and Zip Code				
		E-mail address: (to be used for future annual report noti	fication)			
For fur	ther information co	oncerning this matter, please c	all;				
Alayn	e R Nogal		561 262-0381			. * * * *	
Name of Person				e 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)	Certified	ling fice, Se of Stafus &		

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

Street Address: 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

HAC3 LLC			
(Name of the Limited Liability (A Florida L	Company as it now appears on our records.) imited Liability Company)		
The Articles of Organization for this Limited Liability Cor Florida document number $\frac{120000372543}{120000372543}$	mpany were filed on	and assign	ed
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limite	ed liability company here:		
The new name must be distinguishable and contain the words "Limite	d Liability Company," the designation "LLC" or the	e abbreviation "L.L.C.	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRE	SS)		
Enter new mailing address, if applicable:		· · · · · · · · · · · · · · · · · · ·	
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	office address on our records, enter the n	name of the new re	giste
		. (2)	: `
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·		
New Registered Office Address:		11.3 (3	
	Enter Florida street address , Florida	E 29	
	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 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>	Type of Action
MGR	Alayne R Nogal	4597 SE Marie Way, Stuart, FL 34997	
			■Remove
			☐ Change
AMBR	Hannah R Foster	4597 SE Marie Way, Stuart, FL 34997	= Add
			□Remove
			□ Change
			□Remove
			□Ghange
			□ Add
			□Remove
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			□ Add
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Effective date, if other that If an effective date is listed, the da Note: If the date inserted in t	his block does not :	meet the applica	o date of filing or ble statutory fili	more than 90 day	(optional) s after filing. s, this date) Pursua will no	it to 603.0	0207 d as
document's effective date on e record specifies a delayed et			ne, at 12:01 a.m	. on the earlier	of: (b) - Th	e 90th c	day after	the
rd is filed.								
February 14 Dated		2024						