L21000001577

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone #	
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(Bu	isiness Entity Name)	
(Do	ocument Number)	
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Registration Section
Division of Corporations

TO:

SUBJECT: Haggas Co	instruction LLC		
oobbeer, manages oo		nited Liability Company	
	Amendment and fee(s) are sub ondence concerning this matter	· ·	
	James Dodrill, Esq.	Name of Person	<u> </u>
	Law Office of James G. D	odrill II, PA Firm/Company	
	5800 Hamilton Way	Address	
	Boca Raton, FL 33496	City/State and Zip Code	
	JIM@JIMDODRILL.COM E-mail address: (to be used for future annual report noti	fication)
For further information c	oncerning this matter, please c	all:	
James Dodrill		at (561) 862-0529	
Name o	f Person		e Telephone Number
Enclosed is a check for the	ne 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 Address Registration Solvision of Control P.O. Box 632 Tallahassee, I	Section orporations 7	Street Address: Registration Second Division of Core The Centre of Tallahassee, FL	porations 'allahassee e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HAGGAS CONSTRUCTION, LLC	TAR COL
(Name of the Limited Liability Compa (A Florida Limited	Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L21000001577</u> .	were filed on 12/22/20 and assigned 20
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	301 LIVE OAK LANE
(Principal office address MUST BE A STREET ADDRESS)	BOYNTON BEACH, FL 33436
Enter new mailing address, if applicable:	301 LIVE OAK LANE
(Mailing address MAY BE A POST OFFICE BOX)	BOYNTON BEACH, FL 33436
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent:	
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 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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effective date is listed, the date must be specific and cannot be prior to	(optional)
If the date inserted in this block does not meet the applicable	le statutory filing requirements, this date will not be liste
ment's effective date on the Department of State's records.	
and specifies a delayed effective day has a second of the	
ord specifies a delayed effective date, but not an effective time filed.	e, at 12:01 a.m. on the earlier of: (b) The 90th day after
FEBRUARY 22 , 2021	
lisa thousas	

Filing Fee: \$25.00