L21 0000 80881

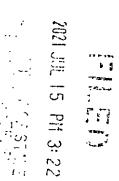
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MS21/



June 29, 2021

RILEY PIERCE 2545 F RD LOXAHATCHEE, FL 33470

SUBJECT: HA CONCEPTS LLC Ref. Number: L21000080881

We have received your document for HA CONCEPTS LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA CORP, but your entity is a FLORIDA LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yvette Scott Document Specialist II

RECEIVED

Letter Number: 221A00014778

COVER LETTER

TO:

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Riley Pierce Name of Person HA Correpts LLC Firm/Company 25AS F Rd Address Lozanatcles F 33A70 Cit/State and Zip Code (Pierce and Second Formal address to be used for filter Janual report notification) For further information concerning this matter, please call:	Division of Corp	porations			
Please return all correspondence concerning this matter to the following: Riley Pierce Name of Person HA Correpts LLC Firm/Company 25AS F Red Address Loxanatcler, FL 33A70 City/State and Zip Code Pierce drum & quantification For further information concerning this matter, please call:	SUBJECT:	HA Concept Name of Lin	s LLC nited Liability Company		
Riley Pierce Name of Person HA Correpts LLC Firm/Company 25AS F Rd Address Loxanatchee, FL 33A70 City/State and Zip Code Pierce dam a grant com E-mail address: tto be used for future annual report notification) For further information concerning this matter, please call:	The enclosed Articles of a	Amendment and fee(s) are sub	omitted for filing.		
HA Concepts LLC Film/Company 25A5 F Rd Address Loxanatclee, FL 33A70 City/State and Zip Code Prece and Department of annual report notification) For further information concerning this matter, please call:	Please return all correspon	ndence concerning this matter	to the following:		
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Name of Person Area Code Daytime Telephone Number	Name of	Person	Area Code D	aytime Telephone Number	r
Enclosed is a check for the following amount: paid in advance. please reference letter #	Enclosed is a check for th	ne following amount:	paid a advance	. please lef.	erance letter #
☐ \$25.00 Filing Fee	☐ \$25.00 Filing Fee	\$\$30.00 Filing Fee &	☐ \$55.00 Filing Fee & Certified Copy	□ \$60.00 Fi Certifica) Certified	iling Fee. FLIAGOUTT F ate of Status & J Copy
Mailing Address: Street Address:					
Registration Section Registration Section Division of Corporations Division of Corporations	-		~		

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

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

(Name of the Limited Plability Compar (A Florida Limited L	C ny ay it now appears on our records.) jability Company)
The Articles of Organization for this Limited Liability Company Florida document number	were filed on 2/24/21 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	1445 Newtown Centerally Ste 130 #180 Lexington, Ky 40511 = 1
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	25A5 F Rd = 33:470 Loxabatchee FL - 33:470
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	ollowing: e of the limited liability company here: a LLC ne words "Limited Liability Company." the designation "LLC" or the abbreviation "LLC." plicable: i 445 Newfown Center Chay EET ADDRESS) Ste 130 #180 Lexington ky 40511 2545 F Dd 2545 F Dd 2545 F Dd 2570 Tregistered office address on our records, enter the name of the new registered
	Florida
	City Zıp 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

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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reffective date is liste <u>te:</u> If the date inse	ner than the date of d, the date must be spec rted in this block doe date on the Departme	iffic and cannot be pri s not meet the app	licable statutory	or more than 90	_ (option lays after fil ents. this d	ing.) Pu	rsuant to (not be l	505.020 isted a
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Filing Fee: \$25.00