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(Requestor's Name)	
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PICK-UP WAIT MAIL	
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(Business Entity Name)	
(Document Number)	_
Certified Copies Certificates of Status	
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Special Instructions to Filing Officer.	Ì
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Office Use Only



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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: A DE Services Name of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Alexander Mulrie al	
A DE Service S Firm/Company	
370 S.E. STETED	
Trenton Fl 32693 City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Area Code Daytime Telephone Number	-
Enclosed is a check for the following amount:	
☐ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee & ☐	tatus &

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

OF COLUMN TO THE	0.1.	
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HAE Services LLC		1. 37
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)		
11/08/202	<b>,</b>	
	and assigned	
Florida document number <u>L 21000 4 8 12.76</u> .		
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 a	abbreviation "L.L.C."	_
Enter new principal offices address, if applicable:		_
(Principal office address MUST BE A STREET ADDRESS)		_
		<del></del>
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 agent and/or the new registered office address here:	ne of the new regist	ered
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 ag provisions of all statutes relative to the proper and complete performance of my duties, and I am accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or	familiar with and	

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

Title	Name	Address	Type of Action
MGR	Alexander Modernal	370 SE 57 et Pd TRation	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
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f an offective date is li <u>Note:</u> If the date in	other than the date of sted, the date must be spec- serted in this block does be date on the Department	ific and cannot be prior s not meet the applica	able statutory filir	(optionore than 90 days after ag requirements, this	onal) filing.) Pursuant to 605.0207 date will not be listed as
record specifies a d	delayed effective date, b	out not an effective ti	me, at 12:01 a.m.	on the earlier of: (b	) The 90th day after the
Dated <u>Nov</u>	7, 202.7	Z · \	<u> </u>		

Filing Fee: \$25.00