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SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO; Registration Se Division of Cor			•		
Haderak LU SUBJECT:	.c .		•	•	
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Jose F. Reig Jr.				
		Name of Person		•	
	Haderak LLC				
		Firm/Company		-	
	4045 SW 68th Way				
		Address			
	Miramar, Florida 33023			2022 F SECF	-
	Reigjf@gmail.com	City/State and Zip Code		2022 AUG 16 SECRETAR TALLAH	
	E-mail address: (to be used for future annual report notif	ication)		. T
For further information c	oncerning this matter, please c	all:		AM 8: 1.3 OF STATE SSEE, FL	-
Jose F. Reig Jr		786 474-1341			
Name o	f Person		Telephone Number	r	
Enclosed is a check for the	he following amount:				
■ \$25.00 Filing Fee	☐ \$30,00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ite of Status &	
<u>Mailing Addres</u>	<u>ss:</u>	Street Address:			

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

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

Haderak LLC

(A Florida Limited Liab	as it now appears on our reco- pility Company)	rus.)
The Articles of Organization for this Limited Liability Company we Florida document number L22000105624	ere filed on 03/01/2022	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabilit	y company here:	
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "Ll	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	1112 80-1879	TALLE I
-		
		AR 6
Enter new mailing address, if applicable:		<u>%99</u> ₹ 3
(Mailing address MAY BE A POST OFFICE BOX)		Fig. 69
-		<u>πί</u> ω
B. If amending the registered agent and/or registered office addagent and/or the new registered office address here:	dress on our records, <u>ente</u>	er the name of the new registered
Name of New Registered Agent:		**************************************
New Registered Office Address:	Enter Florida street addi	
	enter v tortaa street aaat	ess
	, I	Florida Zip Code
New Registered Agent's Signature, if changing Registered Agent:	о,	24 , 5
	to act in this capacity. I	further agree to comply with the and I am familiar with and

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
MGR	Luis J. Reig Bautista	4045 SW 68th Way	□Add
		Miramar, Fl 33023	■Remove
			□Change
			□Add
			SECRETAL
			<u>- 72</u> 0Æ3 288 3
			Ramove 5
			□Change
			□Add
			□Remove
			□ Change
			□Change
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			Change

			
			
			
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Effec	ive date, if other than the date of filing: (option fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after fi	i al) ling.) Pursuant	to 605.0207
Note	If the date inserted in this block does not meet the applicable statutory filing requirements, this count's effective date on the Department of State's records.	late will not	be listed as
he nw	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b)	The Ofth de	w after the
ord is:		The 30th da	iy aiter the
Date	August 12. 2022		

Filing Fee: \$25.00

Typed or printed name of signee