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## **COVER LETTER**

Registration Section

Tallahassee, FL 32314

TO:

Division of Corp	orations		
SUBJECT:	H.A.F.T. LL	C	
	Name of Limi	ited Liability Company	
The enclosed Articles of A	amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	Angela	R. Boone Name of Person	
	SHAF	Firm/Company	-
	1005 Tusca	nny St Address	
	Bro	andin FC 33511  City/State and Zip Code  ange (ar@gmar). Com  to be used for future annual report notification)	
	boone	angelar@gmail.com	2023 2023
			\$
For further information co	ncerning this matter, please ca		<u> </u>
Hngela 1	l. Boone	at ( <u>8/3</u> ) <u>451 - 7862</u> Area Code Daytime Telephone Number	
/ Name of	Person	Area Code Daytime Telephone Number	re I (
Enclosed is a check for the	e following amount:		) h
□ \$25.00 Filing Fee	\$30,00 Filing Fee & Certificate of Status	Certified Copy Certifica (additional copy is enclosed) Certified	ite of Status &
Mailing Address Registration S Division of Co	ection orporations	Street Address: Registration Section Division of Corporations	
P.O. Box 632	/	The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

S.H.A.F.T. UC

(Name of the Limited Liability Company a (A Florida Limited Liabi	s it now appears on our records.) lity Company)			
The Articles of Organization for this Limited Liability Company we Florida document number <u>L2Z_000 444 098</u> .	re filed on October 14, 20	2 <b>2</b> and	d assig	ned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liability	y company here:			
The new name must be distinguishable and contain the words "Limited Liability C	Company," the designation "LLC" or	the abbreviatio	n "L.L.(	77. 39
Enter new principal offices address, if applicable:		<del></del>		
(Principal office address MUST_BE A STREET ADDRESS)		ASS	£24.	
		*		
<del>-</del>		*		
		) <u>.</u> ;_	_	1
Enter new mailing address, if applicable:			•	
(Mailing address MAY BE A POST OFFICE BOX)		•		
_		**1	٠	<del></del>
B. If amending the registered agent and/or registered office add agent and/or the new registered office address here:	iress on our records, <u>enter the</u>	name of the	e new I	r <u>egistere</u>
Name of New Registered Agent:		<del> </del>		
New Registered Office Address:	Enter Florida street address	<u>-</u>	<del>.</del>	
	, Florid	la		
	City	Zip (	Tode	
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 furthe	er agree to o	romply	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
MGR	Angela R. Böone	1005 Tuscarry St	MAdd
		1005 Tuscarry St Brandon, FC 33511	□Remove
			□ Change
			🗆 Add
			□Remove
			☐ Change
<del></del>			3
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····			□vqq B.v., ≥
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			□Remove
			□ Change
			□Add
			Remove
			□Change

Effective date, if other than the date of filing:  In effective date, if other than the date of filing:  In effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing. Pursuant to 605 kote;  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be liste locument's effective date on the Department of State's records.  The specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b)  The 90th day after distilled.  Signature of a member or multivaried representance of a member  Angela R. Boone  Typed or printed name of signee.	
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Signature of a member or authorized representative of a member	•
Signature of a member or authorized representative of a member	-
Signature of a member or authorized representative of a member	-
Signature of a member or authorized representative of a member	_
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Signature of a member or authorized representative of a member	-
Signature of a member or authorized representative of a member	-
Signature of a member or authorized representative of a member	•
Signature of a member or authorized representative of a member	-
Signature of a member or authorized representative of a member	-
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Dated January 27 . 2023 .  Canala Signature of a member or authorized representative of a member .	5.0207 ted as
Signature of a member or authorized representative of a member	er the
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Amala D Range	
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