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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: HAAS ENTERPRISE INC.
DOCUMENT NUMBER: P 160006762Z
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
ROBBIE LI HAAS (Name of Contact Person)
R, L, HAAS ENTERPRISE INC. (Firm/ Company)
184 BULL DOF RUN (Address)
QUINCY, FL: 32352 (City/ State and Zip Code)
HAAS ENTERPRISE IN & Q G-MAIL, COM E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Robbie HAAS at (850) 445-2684 (Name of Contact Person) (Area Code) (Daytime Telephone Number)
Enclosed is a cheek for the following amount made payable to the Florida Department of State:
© \$35 Filing Fee

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

Name of Corporation as currently filed with the Florida Dep	
Name of Corporation as currently filed with the Florida Dep	ot. of State)
P16000067022	of Corporation (if known)
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 617,1006, Florida Statutes, unendment(s) to its Articles of Incorporation:	this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corporation	<u>n:</u>
R. L. HAAS ENTERPRISE name must be distinguishable and contain the word "corporatio" "Company" or "Co." may not be used in the name.	The new n" or "incorporated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	QUINCY, FL 32352
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	QUINCY, FL. 32352
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ad-	address in Florida, enter the name of the dress:
Name of New Registered Agent:	BULL DOG RUN, QUINCY-FLE3235
<u>New Registered Office Address:</u> Q บุ	NCY , Florida 32352 (City) (Zip Code)
New Registered Agent's Signature, if changing Registered A I hereby accept the appointment as registered agent. I am fam	s <mark>gent:</mark> iliar with and accept the obligations of the position.
Siv	Tolelle Haces nature of New Registered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

	•		
Example: X Change X Remove X Add	PT John Doe V Mike Joh SV Sally Sm	i <u>es</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
Change Add	PRESIDENT .	ROBBIELYNN HAAS	184 BULL DOF RUN QUINCY, Fl. 32352
Remove 2) Change Add	VICE PRESIDENT	DONNA HAAS	184 BULL DOG PUN QUINCY FL 3235Z
Remove 3) Change Add Remove			
4) Change Add			
Remove 5) Change Add			
Remove 6) Change Add Remove			
E. If amending or	adding additional Articled sheets, if necessary).	es, enter change(s) here: (Be specific)	

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ATT.		

The date of each amendment(s) adopti	and the last	
The date of each amendment(s) adopti date this document was signed.	ion: 06/11/21	_, if other than the
Effective date if applicable:	(no more than 90 days after amendment file date)	
	(no more than 90 days after amendment file date)	
<u>Note:</u> If the date inserted in this block d document's effective date on the Departr	loes not meet the applicable statutory filing requirements, this date will not be ment of State's records.	e listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopte was/were sufficient for approval.	ed by the members and the number of votes cast for the amendment(s)	

Da	ited _	06/11/	21					
Si	gnature _	Polikie	Haar					
	h	y the chairman or ive not been sele her court appoin	cted, by an ii	ecorporator	– if in the			
		K	DBBIE	HA	1 5			
			(Тур	ed or print	ed name o	f person s	igning)	
		F	RESIDE	=N+				
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