450037037

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



500292132665

SEGRETARY OF SIAID, TALLAHASSEE TEORIBA

500292132665 11/14/16--01006--012 **25.00

NOV 14 2016 S. YOUNG



COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Harvesttime Worldwile O.) Trust, LLC 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:
J.L. D. Morrison, Jr. Name of Person
Tacksony State and Zip Code Solvent State and Zip Code S
For further information concerning this matter, please call:
Name of Person at (9.04 516-555) Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Solution Status Solution Sta

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Harvesttine W.	-1 Jwil	O.) Trust Lindon	LL
(Name of the Limited Liability Compa (A Florida Limited)	ny as it now appears on o Liability Company)	our records.)	
The Articles of Organization for this Limited Liability Company Florida document number 450007037.	were filed on	2-12-2015 and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company here:	•	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designa	ation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)		S ACC	
			T 1
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
		2 8 F	
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her		r records, enter the name of the new	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida si	treet address	
	City	, Florida Zip Code	
	Cuiv	Σίρ Coue .	

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 = N $AMBR = A$	Aanager Authorized Member				
<u>Title</u>	<u>Name</u>		Address	Type of Acti	<u>on</u>
Authori	John B.). Morrison	Suit. 2500		
			Jackson J. Ile, FL	1221) □ Change	
_	Cray 1	Rosenberg	310/ N. Sheridan K	<mark>} ∫ .</mark> □ Add	
Auth	iriced Sig		#300	□ Remove	
			Chicago, IL. 6	O657 Change	
	Dica	Sharez Ju	3101 N. Shr. Im	RL□ Add	2-1
Autor	12 310	15	#300	☐ Remove	ALLAH
			Chicago IL. 60	65 Change	ASSET
		W-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1			, SLORII
				Remove)A
			·	☐ Change	
				□ Add	
				Pemove	
				□ Change	
				🗆 Add	
				Remove	
				Changa	

							 		-
				·		<u>-</u>			-
									-
						· · · · · · · · · · · · · · · · · · ·			÷
									_
					***************************************				-
									-
				···· <u>-</u>					_
							<u> </u>		-
				<u> </u>	· · · · · · · · · · · · · · · · · · ·		·-···		_
							,		ੋੜੇ. - ਨ
,									NON-
			 -	···			 		-
			· · · · · · · · · · · · · · · · · · ·					·····	_ <u></u>
		 				·			2: 2
									<u></u>
ote: If the dat	e inserted in the	the date of f e must be specifi nis block does t he Department	filing: c and cannot not meet the	be prior to da	te of filing or n statutory filir	nore than 90 c	_ (optional) lays after filing, ents, this date) Pursuant to 60 will not be lis	5,0207 (3) ted as th
record spe The 90th da	ecifies a dela ay after the	ayed effectiv record is fil	ve date, t led.	out not ar	effective	time, at 1	2:01 a.m.	on the earl	ier of:
nted		1/14	_, 2	016					
		/	7.	, /)					
			_		i representativ				

Page 3 of 3

Filing Fee: \$25.00