

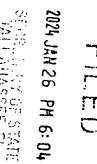
(Requestor's Name)
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(Business Entity Name)
(Document Number)
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## **COVER LETTER**

TO:

**Registration Section** 

Division of Corporations			
OTTO IN OR			
SUBJECT:		nited Liability Company	<del></del> _ ·
The enclosed Articles of	Amendment and fee(s) are sub-	omitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	William D. Harper		
	<del></del>	Name of Person	
		Firm/Company	
	Name of Limited Liability Company  closed Articles of Amendment and fee(s) are submitted for filing.  return all correspondence concerning this matter to the following:  William D. Harper  Name of Person  Firm/Company  5 Barcelona Trait  Address  Ormond Beach, FL 32174  City/State and Zip Code wdhepa@gmail.com  E-mail address: (to be used for future annual report notification)  ther information concerning this matter, please call:  . Harper  Name of Person  Name of Person  Daytime Telephone Number		
		Address	<del></del>
	Ormond Beach, FL 321	74	
		City/State and Zip Code	
		to he wood fire future annual report out	diam'r bran
For further information c		·	incation)
Willia, Harper			
Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	he following amount:		
\$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
			ection
<del>-</del>			
i ananassee, i	TL 32314	2413 IV. MONTO	e succi, suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

W.D. Harper, CPA, PL		
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our rec Liability Company)	ords.)
The Articles of Organization for this Limited Liability Company	y were filed on	and assigned
Florida document number L05000084296		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	oility company here:	
W.D. Harper LLC		
he new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "I	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		~
Principal office address MUST BE A STREET ADDRESS)		<b>202</b> 4
		<b>E I I</b>
		26
nter new mailing address, if applicable:		<u> </u>
Mailing address MAY BE A POST OFFICE BOX)		They on U
		A 1 04
		1.1
3. If amending the registered agent and/or registered office gent and/or the new registered office address here:	address on our records, <u>en</u>	ter the name of the new regis
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida strect add	Iress
		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 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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			Change
			□Add
			□Remove
			□Change
		<del></del>	□Remove
			□Change
			DAdd
			□Remove
			□Change
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			□Change
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If an effective date is listed, the d Note: If the date inserted in	an the date of filing:	
e record specifies a delayed e rd is filed.	effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90t	h day after the
January 22	2024	
Dated	·	
1.1.10		
_ v uu	Signature of a member or authorized representative of a member	
	Signature of a member of aumorized representative of a member	
William D. Harp	Der	
	Typed or printed name of signee	