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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name

: SELLAR, SEWELL, RUSS, SAYLOR & JOHNSON

Account Number : I20010000127

Phone

: (352)787-2308

Fax Number

: (352)787-4341

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

F37	Address:	
Email	Address:	madkine@907webster_com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN DENSON-HARRISON INVESTMENT LLC

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Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION OF

Denson-Harrison Investment LLC	•	
(Name of the Limited Liability (A Plorida).	Company as it now appears on our records, imited Liability Company))
The Articles of Organization for this Limited Liability Cor		and assigned
Florida document number L06000069264	· ·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	d liability company here:	·
, <u> </u>		五名 方
The new name must be distinguishable and contain the words "Limite	d Liability Company," the designation "LLC"	or the abbreviation "LLC."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	<u> </u>	
	· ·	1000
		OF 30
Enter new mailing address, if applicable:		(BA) (S)
(Mailing address MAY BE A POST OFFICE BOX)		
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·	•	
B. If amending the registered agent and/or registered agent and/or the new registered office address		enter the name of the p
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, छ।	
	City	21p 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

Page 1 of 3

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records: H15000262543 3

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	Pat Denogn	966 Hawk Landing	
		Fruitland Park, FI. 34731	🖨 Remove
	•		□ Change
Amba	James Bruce Lambert	Jones & Loubet	
		1865 EAST Flow RAM	Remove
		Hord City A 3493	·6 ☐ Change
ambr	Deborah Jean Lambert	Deborah Jean Karil	
		7865 EAST ROAM TO	Nemove Remove
		Cloud CITY, E 34436	2 Thange
Amb r	Joseph Harrison	[// /p'. [5]	₩
		10740 S. Power Au	— □ Remove
		Floral City, A 3443	6 □ Change
Ambr	Теспа Наттіжіп	O Cemac Harrison	Add
		10740 S. Dower	r □ Remove
		cloud city, days	/34_ ☐ Change
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cument's effective	e date on the Department of	f State's records.	, .	夏州	$\tilde{\mathcal{G}}$
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\ <u>C</u>	11/1	_,			
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	Signature of	a member or authorized repre	sentative of a membe	T	_

Page 3 of 3

Filing Fee: \$25.00

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