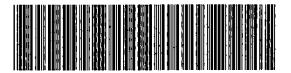
## 1080009446

Office Use Only

G. MCLEOD

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EXAMINER



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SECRETARY OF STATE DIVISION OF CORPORATION

## **COVER LETTER**

TO:

**Registration Section** 

Tallahassee, FL 32314

Division of Corporations						
SUBJECT:	The Har	vest Group LLC				
		ited Liability Company				
The enclosed Articles of	of Amendment and fee(s) are su	bmitted for filing.				
Please return all corresp	pondence concerning this matte	r to the following:				
		Latonia Wade				
		Name of Person				
	The Harvest Group					
	Firm/Company					
		10616 Arnez Rd				
	Address					
	J	Jacksonville, FL 32218				
		City/State and Zip Code				
	harve:	stgroup.wade@gmail. to be used for future annual rep	.com			
For further information	concerning this matter, please of	•				
	atonia Wade	at ( 904 )	238-6395			
Name	of Person	Area Code &	Daytime Telephone Number			
Enclosed is a check for	the following amount:					
<b>₹</b> 25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is e	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
MAILING ADDRESS: Registration Section Division of Corporations		STREET/COURIER ADDRESS: Registration Section Division of Corporations				
P.O. Box 6327		Clifton Building				

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Harve	est Group				
(Name of the Limited Liability Compa (A Florida Limited l	ny as it now appear Liability Company)	s on our records.)			
The Articles of Organization for this Limited Liability Company	were filed on	10/06/2008	_and assi	gned	
Florida document numberL08000094446					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liab	oility company her	<u>e</u> :			
The new name must be distinguishable and end with the words "Limi"L.L.C."	ited Liability Compa	ny," the designation "LLC	" or the al	obreviation	
Enter new principal offices address, if applicable:	8130 Baymeadows Circle West #1		112	<u> </u>	
(Principal office address MUST BE A STREET ADDRESS)	Jacksonville,	FL 32256	6	SE	
			MAS	육	
			81.5	PAZ 2	
Enter new mailing address, if applicable:	10616 Amez I	Rd	330	66 AF	
(Mailing address MAY BE A POST OFFICE BOX)	Jacksonville, I	FL 32218	- 5x	<del>- 10 m</del> · ·	
	<del></del>		<del></del>	225	
			•	<u> </u>	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		ur records, enter the	name of	the new	
	<u>-</u> -				
Name of New Registered Agent:					
New Registered Office Address:					
	Enter Florida street address				
	. Florida				
	City		Zip Code		
New Registered Agent's Signature, if changing Registered Agent:					
I hereby accept the appointment as registered agent and agree the provisions of all statutes relative to the proper and composition as registered agent as p	lete performance d	of my duties, and I am f	amiliar v	vith and	

If Changing Registered Agent, Signature of New Registered Agent

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 amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member **Title** Type of Action <u>Name</u> Address MGR John Trent 2838 Affired Ct ✓ Add Green Cove Springs, FL 32043 Remove **Timothy Wade** MGRM 10616 Arnez Rd ✓ Add Remove Jacksonville, FL 32218 ☐ Add ☐ Remove Remove  $\square$ Add ☐Remove ∭Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) February 15 2010 Dated \_\_\_ Signature of a member or authorized representative of a member

Typed or printed name of signee

Page 2 of 2

Latonia Wade

Filing Fee: \$25.00