<u> 10000089393</u>

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2010 SEP 22 AM D 12 SUCKETARY OF STATE

T. CLINE
SEP 23 2010
EXAMINER

COVER LETTER

Division of	n Section Corporations			
SUBJECT:	2501 H	2501 HARMON, LLC		
	Name of Lim	ited Liability Company		
The enclosed Article	s of Amendment and fee(s) are su	bmitted for filing.		
Please return all corr	espondence concerning this matte	r to the following:		
	Tr	nomas C. Little, Esquire		
		Name of Person		
	-	Thomas C. Little, P.A.		
Firm/Company			,	
	2123 N	2123 N.E. Coachman Road, Suite A		
		Address		
	ı	Clearwater, FL 33765 City/State and Zip Code		
	<u>ja</u>	janet@thomasclittle.com		
	E-mail address:	(to be used for future annual report notifical	P 22 AM D 12 TARY OF STATE ASSEE, FLORIDA	
For further informati	on concerning this matter, please	call:	DHI NO	
	Thomas C. Little	at (727)	13-5773	
	me of Person	Area Code & Daytime T	· · · · · · · · · · · · · · · · · · ·	
Enclosed is a check to	for the following amount:			
\$25.00 Filing Fee	Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	AILING ADDRESS:	STREET/COURIER	R ADDRESS:	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2501 HA	RMON, LLC				
(Name of the Limited Liability Cor (A Florida Limit	npany as it now appear ed Liability Company)	s on our records.)	1		
The Articles of Organization for this Limited Liability Comp	any were filed on	8/25/2010	and assigned		
Florida document numberL10000089393					
This amendment is submitted to amend the following:			•		
A. If amending name, enter the new name of the limited	liability company her	<u>e</u> :			
The new name must be distinguishable and end with the words "l	Limited Liability Compa	ny," the designation '	'LLC" or the abbreviatio		
"L.L.C."			ZONO SEE		
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDRESS	<u> </u>		EP 22		
			Pres		
Enter new mailing address, if applicable:			TO SE		
(Mailing address MAY BE A POST OFFICE BOX)					
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		our records, <u>enter</u>	the name of the nev		
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 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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

Type of Action Title <u>Name</u> **Address MGRM** Robert Bennett 7620 Wimpole Drive ✓ Add Remove New Port Richey, FL 34655 Add [Remove ☐ Add Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) September 20 Dated ___ Signature of a member or authorized representative of a member Thomas C. Little Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00