## LIO ()O()O()O 93515

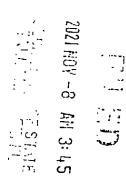
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



000376040480

11/08/21--01014--027 \*\*25.00



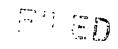
A. BUTLER **NOV 1 9 2021** 

## **COVER LETTER**

	Registration Se Division of Cor				
C13D 1127		S, LLC			
SUBJEC	.1;	Name of Lin	aited Liability Company		
Bivision of Corporations  HAROLDS, LLC    Name of Lamited Liability Company					
Please ret	turn all correspo	ondence concerning this matter	to the following:		
		Joel Medgebow			
			Name of Person	······································	
		Medgebow Law, P.A.	Name of Person    Name of Person		
		1222 NW 10th Ct.			
			Address		
		Boynton Beach, FL 33426	and fee(s) are submitted for filing.  erning this matter to the following:  lgebow  Name of Person  ow Law, P.A.  Firm/Company  V 10th Ct.  Address  Beach, FL 33426  City/State and Zip Code dgebowlaw.com  E-mail address: (to be used for future annual report notification)  is matter, please call:  at (		
			City/State and Zip Code		
The enclused Articles of Amendment and fee(s) are submitted for filing.  Please return all correspondence concerning this matter to the following:					
				tification)	
For furthe	er information c	oncerning this matter, please c	all:		
Joel Med	gebow, Esq.		-		
	Name o	f Person	Area Code Dayti	me Telephone Number	
Enclosed	is a check for th	ne following amount:			
<b>■</b> \$25.0	00 Filing Fee		Certified Copy	Certificate of Status &	
-			<del></del>	ection	
	-				
	P.O. Box 632				
•	Tallahassee, I	PL 32314	2415 N. Monr	oe Street, Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



HAROLD'S, LLC

2021 HDY -8 AH 3: 46

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company we	re filed on 9/7/2010	11	in STATE and assigned
Florida document number $\frac{L10000093515}{L10000093515}$ .	Te med on		_ and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability	company here:		
The new name must be distinguishable and contain the words "Limited Liability C	Company " the decimation	n "I I C" or the abbre	relation "L. I. C."
,	sompany, the designatio	ii 1.1.x. or the above	viation (S.E.C.
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			_
<del>-</del>			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
Similar mares mai be a 1031 Of Fice BOA			
B. If amending the registered agent and/or registered office add agent and/or the new registered office address here:  Name of New Registered Agent:	ress on our records,	enter the name (	THE NEW TEGISTERS
New Registered Office Address:			
	Enter Florida street address		
	City	Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	City		ир сош
I hereby accept the appointment as registered agent and agree to provisions of all statutes relative to the proper and complete per accept the obligations of my position as registered agent as providing filed to merely reflect a change in the registered office additionary has been notified in writing of this change.	formance of my dut vided for in Chapter	ies, and I am fan 605, F.S. Or, if	uiliar with and this document is

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
MGR	Daniel Bouaziz	509 NORTHWOOD ROAD	□Add
		WEST PALM BEACH, FL 33407	■Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			Remove
			□Change
			□ Add
			□Remove
			□Change
	-		□ Add
		<del></del>	□Remove
			□ Change

There should be the letter of	" at the end of her first name, instead of the letter "a".	
The correct spelling is as fol	lows: "SOPHIO BARATASHVILI"	
		_
		-
		_
		_
		_
		_
		_
		_
-		_
		_
		_
		_
ective date, if other than the	e date of filing: (optional) st be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 60	
e: If the date inserted in this b	lock does not meet the applicable statutory filing requirements, this date will not be li	)5.020 sted a:
ument's effective date on the E	Department of State's records.	
ord specifies a delayed effective	ve date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day af	ler the
s filed.		
November 2	2021	
	X 2 2/1 //1	

Filing Fee: \$25.00