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PICK-UP	☐ WAIT	MAIL				
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## **COVER LETTER**

Division of Corporations
SURJECT: Haraka L.L.C.
SUBJECT: Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Sherlock Blackwood
· ·
Haraka CCC Firm/Company
1860 Fueral Groom Ct
1860 Emerald Green Ct
Outdo, KC 32765  City/State and Zip Code  Sblackwood. Mackwood @ gma;/.c
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Andrew R. Shacker EA at 407 257-5835
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
Enclosed is a check for the following amount:  \$25.00 Filing Fee \$\text{Certificate of Status}\$\$  \$25.00 Filing Fee & Certified Copy (additional copy is enclosed)  \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Haraka LL	$\subset$				
(Name of the Limited Liabilit (A Florida	y Company as it now appea Limited Liability Company)	ars on our records.)			
The Articles of Organization for this Limited Liability C Florida document number  L1200031226	• • • —	3/5/12	a	nd assig	ned
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limi	ted liability company h	<u>iere</u> :			
The new name must be distinguishable and end with the words "Lin	nited Liability Company," the	e designation "LLC" or th	e abbrevi	ation "L.I	C."
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDR	ESS)		**		
				7	
				Ĉ.	
Enter new mailing address, if applicable:				1	٠
• • • • • • • • • • • • • • • • • • • •	-		·		
(Mailing address MAY BE A POST OFFICE BOX)			4		
					. * * * .
<b>T</b>		_		σ,	
B. If amending the registered agent and/or registered agent and/or the new registered office address.		n our records, <u>ente</u>	r the r	name of	the nev
registered agent and/or the new registered office addi	iess nei e.				
Name of New Registered Agent:					<u>.</u>
New Registered Office Address:					
	Enter Flo	orida street address			
		. Florida			
	Citv	, r locida _	Zip	Code	<del></del>

## New Registered Agent's Signature, if changing Registered Agent:

11

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

Authorized Member being added or removed from our records: MGR = Manager AMBR = Authorized Member **Title Type of Action** Name Christopher A. Abrohams 3023 Curving Oaks Cury and Orlando, FC 32820 Remove MGR Sherlock Blackwood 1860 Emerald Green CIT XAdd Ovedo FC 32765 - Remove □ Rêmove □ Add ☐ Remove □ Add □ Remove

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or

). If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Sherlock Blackwood shall be MGR and President
of Haraka U.C. Christopher A Abrahams
shall be removed our Vice President and all
other positions from the company effective
Immediately.
E. Effective date, if other than the date of filing:(optional)
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)
Dated 50 4 30 , 1014
Signature of a member or authorized representative of a member
Signature of a member or authorized representative of a member  Wistopher A Mawns  Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00