LIAOUOUIT64

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SECRETARY OF STATE FALLAHASSEE, FLORIO

APPROVED AND FILED

D. BRUCE

JUL 19 2012

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Haryuku LLC 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:
Bn Hany McWilliams Name of Person
Hairjuhu LLC Firm/Company
3569 W. Atlantic Blvd. 202
Pompano Polach FL 3000 3 = 723
har jukumia agmail . Com
For further information concerning this matter, please call:
Brittany MCWIIIams at (954, 415 - 4484 Area Code & Daytime Telephone Number
Englosed is a check for the following amount:
\$25.00 Filing Fee \$30.00 Filing Fee \$

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Hairiuhu LI		
(Name of the Limited Lia (A Flo	bility Company as it now appears or ida Limited Liability Company)	on our records.)
The Articles of Organization for this Limited Liabi Florida document number <u>L 1200001</u>	lity Company were filed on 5	$\frac{8/12}{}$ and assigned
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	e limited liability company here	:
The new name must be distinguishable and end with th "L.L.C."	e words "Limited Liability Compar	ny," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable	e:	SE TALL
(Principal office address MUST BE A STREET A	(DDRESS)	AHE J
		ASS TANK
	•	ND LED LED Y OF
Enter new mailing address, if applicable:		FIS 5
(Mailing address MAY BE A POST OFFICE BO	<u></u>	ALE 2
B. If amending the registered agent and/or registered agent and/or the new registered office		ur records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	. Ent.	er Florida street address
	Enu	
-	City	, Florida 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 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 = 1	Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGB	Britany McWilliams	3569 W. Atlantic Blod 2 Pompano Beach, FL 3306	Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			AddRemove
D. If amer	nding any other information, enter change	(s) here: (Attach additional sheets, if necessar	
_			APPRI AN FILI 12 JUL 18 SECRETARY ALLAHASS
			PH 12: 22 Y OF STATE RE. FLORIT
Dated	TW4 15 , 201	2.	<u>;</u> >
	Brittany Mwell Signature of a member	Lambor authorized representative of a member	
	Onttany McWillia	ams	

Page 2 of 2

Filing Fee: \$25.00