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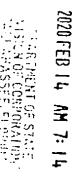
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MAR 0 9 2020 S. YOUNG



COVER LETTER

· TO:

Registration Section Division of Corporations

SUBJECT:	Harb	our 1030 LLC	
	Name of Lim	ited Linbility Company	
•			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	indence concerning this matter	to the following:	
	Charle	s Zamorski	
		Name of Person	
	Charle	s Zamorski CPA	
	Charle	Firm/Company	
	166 We:	st Washington Suite Address	340
		Addiess	
	Chicago	o, IL 60602	
		City/State and Zip Code	
	chuck@	czamorski.com To be used for future annual report no	Nifortion)
			ouncation)
For further information c	oncerning this matter, please ca	all:	
Charles Zamo	rski	at (<u>312) 578-01</u>	22
	f Person		me Telephone Number
Enclosed is a check for the	ne following amount:		
☐ \$25.00 Filing Fee	S30.00 Filing Fee &	☐ \$55.00 Filing Fee &	50 \$60.00 Filing Fee,
	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy
		(additional capy is chelosed)	(additional copy is enclosed)
Mailing Addres		Street Address:	
Registration S		Registration S	ection
Division of Corporations		Division of Co	orporations
P.O. Box 632		The Centre of	
Tallahassee I	71 3231 <u>4</u>	2415 N. Monr	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2

	our 1030 LLC	25 2
(Name of the Limited Lin (A 14)	ability Company as it now appears on or	ir records.)
The Articles of Organization for this Limited Liabili	ty Company were tiled on Augus	t 22, 2012 and assigned
Florida document numberL12000107893	·	
This amendment is submitted to amend the following	g:	一 一 一 一 一 一 一 一 一 一 一 一 一 一 一 一 一 一 一
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 Company," the designat	ion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable		
(Principal office address MUST BE A STREET AL	ODRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	2	
B. If amending the registered agent and/or regist agent and/or the new registered office address he		s, enter the name of the new register
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida stre	ret addross
		, 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 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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being adde or removed from our records:

MGR = Manager
AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
MGR	Dora Kravetz	10275 Collins Avenue #1030 Bal Harbour, FL 33154-1423	 ズ Add
			□ Remove
			□Change
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
_	
_	
_	
fan effec <u>Note:</u> 11	e date, if other than the date of filing:
	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: Oth day after the record is filed.
Dated _	February 6, 2020
	Signature of a member or authorized representative of a member
	Charles Zamorski, Manager
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00