

L13000015944

(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

MAR 14 2013

G. McLEOD



100245459891

03/11/13--01009--030 **25.00

FILED
13 MAR 11 PM 4:07
RECEIVED
FBI/DOJ

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Harvest Cellular, 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:

Dustin Jones

Name of Person

Harvest Cellular, LLC

Firm/Company

1637 SE North Blackwell Drive

Address

Port Saint Lucie, FL 34952

City/State and Zip Code

dustin@harvestmobile.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dustin Jones

Name of Person

at (772) 6267142

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|--|--|--|

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**

Harvest Cellular, LLC

(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 were filed on 1/31/2013 and assigned
Florida document number L13000015944.

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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

1637 SE North Blackwell Drive

Port Saint Lucie, Florida

34952

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1637 SE North Blackwell Drive

Port Saint Lucie, Florida

34952

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Joseph R Sullivan

New Registered Office Address:

1637 SE North Blackwell Drive

Enter Florida street address

Port Saint Lucie

Florida 34952

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

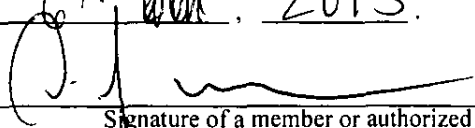
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Joseph R Sullivan	1637 SE North Blackwell Drive	<input checked="" type="checkbox"/> Add
		Port Saint Lucie, Florida 34990	<input type="checkbox"/> Remove
MGR	Dustin Jones	118 Pecan Lane	<input type="checkbox"/> Add
		Clayton, NC	<input checked="" type="checkbox"/> Remove
		27527	
MGRM	Dustin Jones	118 Pecan Lane	<input checked="" type="checkbox"/> Add
		Clayton, NC	<input type="checkbox"/> Remove
		27527	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated March 6th 2013.



Signature of a member or authorized representative of a member

Dustin Jones

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00