## L13000015944

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## **COVER LETTER**

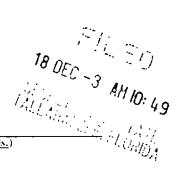
	stration Sec sion of Corp			
SUBJECT:	Harvest Cel	lular, LLC		
5000BCT.		Name of Lim	ited Liability Company	
The enclosed	Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspoi	ndence concerning this matter	to the following:	
		Dustin Jones		
			Name of Person	
		Harvest Cellular, LLC		
			Firm/Company	
		1959 SW South Macedo B	ilvd.	
			Address	<del></del>
		Port Saint Lucie, Florida 3	4984	
		dustin@harvestmobile.net	City/State and Zip Code	
		E-mail address: (	to be used for future annual report notif	ication)
For further in	formation co	ncerning this matter, please co	itt:	
Dustin Jones			772 6267142	
	Name of	Person	at () Area Code Daytime	Telephone Number
Enclosed is a	check for the	e following amount:		
■ \$25.00 Fi	ling Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$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 January 31s	st 2013 and assigned	
Florida document number 1.13000015944			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
DJJS TC Holdings LLC			
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation	n"LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	1637 SE North Blackwe	II Dr	
(Principal office address MUST BE A STREET ADDRESS)	Port Saint Lucie, Florida	34952	
Enter new mailing address, if applicable:	1637 SE North Blackwell Dr		
(Mailing address MAY BE A POST OFFICE BOX)	Port Saint Lucie, Florida	34952	
- <del>-</del>			
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		ecords, enter the name of the new	
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street	white ter	
	<del></del>	, Florida Zip Code	
		Zip Code	
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agr	ee to act in this capacity	2. 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

or_removed	g Authorized Person(s) authorized to m from our records:			
MGR = Manager AMBR = Authorized Member				
<u>Title</u>	<u>Name</u>	<u>Address</u>	18 OEC -3 AH IO: 49 TALT THE TEST PLORIDA	Type of Action
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Effective date, if othe	r than the date of filing:	(optional)	
fan effective date is listed. <u>Note:</u> If the date inserte	the date must be specific and cann d in this block does not meet t	ot be prior to date of filing or more than 90 days after filing.) Pursuant to 605, he applicable statutory filing requirements, this date will not be listed	.0207 (3 ed as th
document's effective da	te on the Department of State's	records.	
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	a delayed effective date, ir the record is filed.	but not an effective time, at 12:01 a.m. on the earlie	21 OI.
	20	118	
Dated November 26th	· -	<del></del> '	
Dated November 26th		<del></del> ,	
Dated November 26th		er or authorized representative of a member	

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Typed or printed name of signee

Filing Fee: \$25.00