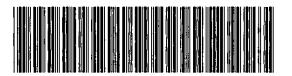
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### **COVER LETTER**

	n Section Corporations	•	
SUBJECT:	DWIGHT CHA	ARBIN, LLC	
SUBJECT:	Name of Lin	nited Liability Company	-
The enclosed Article	s of Amendment and fee(s) are sub	omitted for filing.	
Please return all corr	espondence concerning this matter	to the following:	
		DWIGHT C HARBIN	
		Name of Person	· · · · · · · · · · · · · · · · · · ·
	r	OWIGHT C HARBIN, LLC	
		Firm/Company	
	,	210-A WHITE STREET	
		Address	
		NICEVILLE, FL 32578	
		City/State and Zip Code	····································
		eotheroffice.eb@gmail.com	
		to be used for future annual report notifi	ication)
or lurther information	on concerning this matter, please c	all:	
DWIGI	HT C HARBIN	850 797-8637 at ( )	
Nai	me of Person	Area Code Daytime	Telephone Number
Enclosed is a check f	or the following amount:		
\$25.00 Filing Fed	e 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

## DWIGHT C HARBIN, LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) 11/15/2013 The Articles of Organization for this Limited Liability Company were filed on and assigned Florida document number L13000160912 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 contain 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street address Florida City 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 added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MBR	TIMOTHY J DANIEL	210-A WHITE STREET	
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<del></del>			Add
			□ Remove
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			□ Remove
			Change

	Signa	ture of a member or aut	norized representative	of a member			
ited _	AUGUST 4	, 2015 , - 12	<u> </u>				
reco	ord specifies a delayed effe 90th day after the record is	s filed.	ot an effective t	ime, at 12:01 a.ı	n. on the	e earli	er of
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Filing Fee: \$25.00