Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name: REGISTERED AGENTS INC.

Account Number: 120090000081 Phone: (307)200-2803 Fax Number: (855)330-1010

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN HAVARD MCCARTHY SUPER LLC

Certificate of Status	0
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MAY 29 2020

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Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2020 MAY 28 AH 10: 04

Havard McCarthy Super LLC (Name of the Limited)	C I Liability Compa A Florida Limited I.	ny as it now appears on ability Company)	our records.)	
The Articles of Organization for this Limited Lia Florida document number 11/19/2013	bility Company	were filed on L130	00162248 and assigned	
This amendment is submitted to amend the follow	ving:			
A. If amending name, enter the new name of	the limited liab	ility company here:		
The new name must be distinguishable and contain the wo	rds "Limited Liabil	lity Company," the desig	nation "LLC" or the abbreviation "L L.C."	
Enter new principal offices address, if applicable:		7901 4th St N S	STE 300	
(Principal office address MUST BE A STREET		St. Petersburg,	FL 33702	
Enter new mailing address, if applicable:		7901 4th St N St. Petersburg.		
(Mailing address MAY BE A POST OFFICE B B. If amending the registered agent and/oregistered agent and/or the new registered off	or registered o	ffice address on or		
Name of New Registered Agent:	Northwest Registered Agent LLC			
New Registered Office Address:	7901 4th	St N STE 300 Enter Florida	street address	
St. Peter		burg	Florida 33702	
	<u> </u>	Cuy	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 added or removed from our records:

MGR = Manager AMBR = Authorized Member

AMBK = A	Autnorizea Member	2020 HA	728_AH 10: 04
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	BENGIO, DANIEL	7901 4th St N STE 300	D Add
		St. Petersburg, FL 33702	□ Remove
MGR	Havard, Jeremy RJ	7901 4th St N STE 300	Add
		St. Petersburg, FL 33702	☐ Remove
			☑ Change
MGR_	McCarthy, Gabrielle	7901 4th St N STE 300	
		St. Petersburg, FL 33702	□ Remove
			🖸 Change
			□ Remove
			Change
			Remove
			Change
			☐ Remove
			Change

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Signature of a member or authorized representative of a member	May 28 20	020			
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	Signature of a member	r or authorized re	presentative of a r	nember	

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