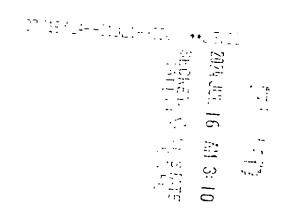
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COVER LETTER

TO:	Registration Sect Division of Corpo			
	h h	A shipped	0	
SUBJE	CCT: AFIC	Name of Limi	ited Liability Company	
The end	closed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please 1	return all correspond	dence concerning this matter	to the following:	
	·	harl	a Findley Name of Person	
			Firm/Company	
		2809 Ashbr	idgo 8t Address	2021 JUL
		Orlando, Fl	. 3 23 25	
		hanoch	City/State and Zip Code	(1) (2) (2) (2) (2) (2) (2) (2) (2) (2) (2
		E-mail address: (to be used for future annual report notification	on)
For fur	ther information cor	ncerning this matter, please ca	all:	.,
	Marka Fig Name of F	ndley Person	at (931) 217-108 Area Code Daytime Tele	ephone Number
Enclose	ed is a check for the	following amount:		
\$ \$2:	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address: Registration Se Division of Co P.O. Box 6327	ection rporations	Street Address: Registration Section Division of Corpora The Centre of Talla	itions

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Name of the Limited Liability Comp	any a) it now appears on our records.)
(A Florida Limited The Articles of Organization for this Limited Liability Company Florida document number <u>L1400010427</u> .	were filed on 7 14 2014 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab Harba Findley, LLC. The new name must be distinguishable and contain the words "Limited Liab	
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)	2809 Ashbridge St 5 Orlando, FL 32825
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent: harda	M Findley
New Registered Office Address: 2809	HShon dae St. Enter Florika street uddress
Ortan	City Florida 32825

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

AMBR = Au	Morized Meniber		Type of Action
<u>Title</u>	Name	Address	Type of Action
MGR	hartam. Findley	2809 Ashbidge 84 Orbado, FL 32825	XAdd
	·	Orbado, FL 32825	Remove
			Change
MGB	Yarta m Guaching	2270 Barbara Dr. Eaint Cloud, FL 34TTI	🗆 Add
	J	Eaint Cloud, FL 34TI	Remove
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ective date, if other than n effective date is listed, the dat te: If the date inserted in the nument's effective date on t	te must be specific and his block does not n	cannot be prior to date neet the applicable s	of filing or more than 90 of tatutory filing requirem	(optional) days after filing.) Pursu ents, this date will no	ant to 605.020 ot be listed a
cord specifies a delayed eff s filed.	fective date, but not	an effective time, at	12:01 a.m. on the earli	er of: (b) The 90th	day after the
ed July 10 ⁷¹	<u> </u>	2024			
			representative of a member		

• .

Filing Fee: \$25.00