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COVER LETTER

		istration Se sion of Cor					
SUBJEC		Harvey Han	ris, LLC				
SUBJEC	J1;		Name of Lim	ited Liability Con	npany		
The anal	acad	Articlas of	Amendment and fee(s) are sub-	mitted for filing			
				Ī			
Please re	turn	all correspon	ndence concerning this matter	to the following	; :		
			Harvey A Harris				
				Name of	erson		
			Harvey Harris, LLC			<u> </u>	
	Firm/Co			Firm/Con	npany		
			430 Avenue D SE				
				Addre	is		
			Winter Haven, FL 33880				
				City/State and	Zip Code		
			E-mail address: (to be used for fut	are annual report no	tification)	
For furth	ner in	formation co	oncerning this matter, please co	ıll:			
Harvey I	Harri	s		863 at (294-2384		
		Name of	Person	Area	Code Daytii	me Telephone Number	
Enclosed	l is a	check for th	e following amount:				
\$25.0	00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Fi Certified (additional		□ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)	
		Registr Divisio P.O. Bo	ING ADDRESS: ation Section in of Corporations ox 6327 ssee, FL 32314		STREET/COUR Registration Sect Division of Corpe Clifton Building 2661 Executive C Tallahassee, FL 3	orations Center Circle	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Harvey Harris, LLC	
(Name of the Limited Liability (A Florida Li	Company as it now appears on our records.) mited Liability Company)
The Articles of Organization for this Limited Liability Con Florida document number L14000123747	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	d liability company here:
The new name must be distinguishable and contain the words "Limited	I 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 ADDRES	
	AHASSEE.
Enter new mailing address, if applicable:	P
(Mailing address MAY BE A POST OFFICE BOX)	FLORID SE
	S
B. If amending the registered agent and/or register registered agent and/or the new registered office addres	red office address on our records, <u>enter the name of the new</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	City Zip Code
New Registered Agent's Signature, if changing Registered A	
provisions of all statutes relative to the proper and com accept the obligations of my position as registered ager	d agree to act in this capacity. I further agree to comply with the aplete performance of my duties, and I am familiar with and not as provided for in Chapter 605, F.S. Or, if this document is office address, I hereby confirm that the limited liability

If Changing Registered Agent, Signature of New Registered Agent

If amendin or removed	g Authorized Person(s) authorized to n i from our records:	nanage, enter the title, name, and ac	ldress of each person being added
MGR = N AMBR = 2	Manager Authorized Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Karen Wortman	430 Avenue D SE	■ Add
		Winter Haven, FL 33880	□ Remove
			Change
			Add
	•		Remove
			□ Remove
			Change
			☐ Remove
			☐ Change
			Add
			Remove
			Change
			Add
			Remove
			Change

Effective date, if other than the date of filing: February 6, 2018 (optional) If an effective date, if other than the date of filing: February 6, 2018 (optional) If an effective date is listed, the date must be specific and cannot be prior to due of filing or more than 90 days after filing. I Possuant to 645 00207. Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as a document's effective date on the Department of State's records. The 90th day after the record is filled. Signature of a member or authorized representative of a member Harvey A Harris Typed or printed name of signee	If amending any other information		1		ry.)
Effective date, if other than the date of filing: February 6, 20.8 (optional) (optional	Effective February 6, 2018, Ka	ren Wortman is 10% own	r of Harvey Harris	s, LLC.	
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Signature of a member or authorized representative of a member Harvey A Harris	February 6	2018	Į		
Harvey A Harris	Dated	 -	-		
Harvey A Harris					
<u> </u>	S	ignature of a member or auth	orized representative	e of a member	
<u> </u>					
Typed or printed name of signee	Harvey A Harris				
		Typed or print	ed name of signee		
		Pag	e 3 of 3		

Filing Fee: \$25.00