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(Requestor's Name)
(Address)
(Address)
,
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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COVER LETTER

TO: Registration S Division of Co			
SUBJECT:	Harlie's Il	wrest & Lifte	LhC
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Libere	a Parlie El	3e
	Parlies	Florest & Slif	to She
		A Benning D Address	<u> </u>
	De	tin Il 32:	54/
	R-mail address: (1	Sa Coy Zet o be used for future annual report notif	ication)
For further information	concerning this matter, please ca	ill:	
Kelecca Name	Parlie Leze	at (50) Sa Area Code Daytime	7-6941 Telephone Number
Enclosed is a check for	the following amount:		
\$25.00 Filing Fee	☐ \$30.00 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

Parlies Flore	ist, Wil	te XXC	
(Name of the Limited Liability Compar (A Florida Limited I.	• //	records.)	
The Articles of Organization for this Limited Liability Company Florida document number	were filed on	30/2014 and as	signed
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	lity company here:		
The new name must be distinguishable and contain the words "Limited Liabili	ity 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)			9
			<u> </u>
		Z	도움 크림
Enter new mailing address, if applicable:		8	
(Mailing address MAY BE A POST OFFICE BOX)		P	RPC-
		တ္	<u> </u>
		55	3
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		ecords, enter the name	of the nev
Name of New Registered Agent:			
New Registered Office Address:			· · · · · · · · · · · · · · · · · · ·
	Enter Florida street address		
		, Florida Zip Code	
	City	Zip Code	
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office	performance of my duti rovided for in Chapter	es, and I am familiar wi 605, F.S. Or, if this doc	th and ument is

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

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
AMBR	Kindock Michele D	31 Maples St NW It Walton Genel, Il	
		It Walton Beach, Il	Remove
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ective date, if other the effective date is listed, the term of the date inserted in the cument's effective date of the effective da	date must be specific in this block does no	and cannot be prior of meet the application	able statutory filit	nore than 90 days after		
record specifies a c he 90th day after t	delayed effective the record is file	e date, but no ed.	t an effective	time, at 12:01	a.m. on the ear	·lier of
	e	_, <u>2018</u>	_·			
ted 14 Jun		Jan (D)	11000	40 -		
ited 14 Jun	Signature of	eca Profit	vilev Za	e of a member		

Page 3 of 3

Filing Fee: \$25.00