# L15000036074

(Re	questor's Name)	
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SECRETARY OF STATE
SECRETARY OF STATE

## **COVER LETTER**

TO: Registration Section (Division of Corporations
SUBJECT:
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Person
Williams, Hams & Associates Firm/Company
30641 Purpkin Ridge Drive
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (8/3) 907-3960  Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\times \text{Solution} \text{Solution}\$\$ \$30.00 Filing Fee \$\times \text{Certified Copy} \\ \text{(additional copy is enclosed)}\$\$\$ \$60.00 Filing Fee, \text{Certified Copy} \\ \text{(additional copy is enclosed)}\$\$\$\$ \$Certified Copy \\ \text{(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

Hara & Duniates

(Name of the Limited Liability C	ompany as it now appears on ounted Liability Company)	r records.)
(A Florida Lim	med Dabiniy Company)	
The Articles of Organization for this Limited Liability Comp	pany were filed on	26 20/5 and assigned
Florida document number <u>L 15 000036074</u> .		
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 designati	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	<u>(S)</u>	
		15 SEC
Enter new mailing address, if applicable:	·	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		PA I
		—————————————————————————————————————
		FSI G
B. If amending the registered agent and/or registere registered agent and/or the new registered office address		records, enter 3be name of the nev
registered agent and/or the new registered office address	s net c.	D
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address.	Enter Florida stre	et address
		, Florida
<del></del>	City	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:

<u>Title</u>	Name	Address	Type of Action
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			☐ Remove
			□ Change
			Add
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		<del></del>	Change
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Filing Fee: \$25.00