## L15000112050

(Re	equestor's Name)	
(Ad	dress)	
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(Cit	ry/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	)
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	

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SECRETARY OF STATE

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## **COVER LETTER**

TO: Registration Section Division of Corpo				
SUBJECT: Harris F	am Trust 1000 LLC			
	Name of Limited Liability Company			
	mendment and fee(s) are submitted for filing.		•	
Please return all correspond	lence concerning this matter to the following:			
	Richard D Harris			
	Name of Person			
	Firm/Company			
	1000 NE 14th Ave. #511			
	Address	TAL	201	
	Hallandale, FL 33009	<u>►</u> S	2016 MAR	
	City/State and Zip Code iamrhpos@gmail.com	TARY ASSE	ئ	
	E-mail address: (to be used for future annual report notification)	S. A.C.	U	
For further information con-	cerning this matter, please call:	ORIOA	l: 51	
Christina Rankin	at (333-9274			
Name of Po	erson Area Code Daytime Telephone N	Number		
Enclosed is a check for the X \$25.00 Filing Fee	\$30.00 Filing Fee & \$55.00 Filing Fee & \$60 Certificate of Status	0.00 Filir ertificate	of Statu	ıs &
		ertified C Iditional co		sed)

**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

(Name of the Limited Liability Correcords.) (A Flo	mpany as it now apper orida Limited Liability	company)	
The Articles of Organization for this Limited Liability Compa	any were filed on _	06/29/15	and assigned
Florida document number <u>L15000112050</u>			
his amendment is submitted to amend the following:			
. If amending name, enter the new name of the limited	liability company	here:	
The 3RX Team LLC			
he new name must be distinguishable and contain the words "Limited Li	iability Company," the	designation "LLC" or the	abbreviation "L.L.C."
nter new principal offices address, if applicable:	<del></del>	<del> </del>	
Principal office address MUST BE A STREET ADDRESS	<u>S)</u>		
		₽ñ	
nter new mailing address, if applicable:		95 97	1
Mailing address MAY BE A POST OFFICE BOX)		<u> </u>	
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B. If amending the registered agent and/or registered off	ioo addwaa an aw	Transport of the Parks	
s. It amending the registered agent and/or registered off egistered agent and/or the new registered office address		records, enterine	name of the new
Name of Nam Decisional Accepts			
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Flo	orida street address	
		. Florida	
<del> </del>	City	,ui.ua_	Zip Code

## New Registered Agent's Signature, if changing Registered Agent:

Harris Fam Trust 1000

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
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effective dat	te is listed, the	e date must be sp	pecific and car	nnot be prior	r to date of fi	ling or more t	han 90 days	after filing	.) Pursua	nt to 605.0201
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Page 3 of 3

typed or printed name of signee

Filing Fee: \$25.00