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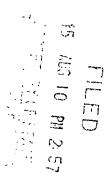
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
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AUG 11 2015 S. YOUNG

COVER LETTER⁵

TO: Regist

Registration Section Division of Corporations

HARVARD FINANCIAL HOLDING, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ZOHAR DADASHEV

Name of Person

HARVARD FINANCIAL HOLDING, LLC

Firm/Company

3001 NE 185th STREET # 412

Address

AVENTURA FL 33180

City/State and Zip Code

dzwires@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ZOHAR DADASHEV

305,608-5587

Name of Person

Area Code

Daytime 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

HARVARD FINANCIAL HOLDING, LI		
(<u>Name of the Limited Liability Company as it now ar</u> (A Florida Limited Liability Compa	opears on our records.) iny)	
The Articles of Organization for this Limited Liability Company were filed or	07/17/2015 and assigned	
Florida document number L15000123043		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability compan	v here:	
SOUTH FLORIDA RECEIVABLES MANAGEMENT LLC		
The new name must be distinguishable and end with the words "Limited 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 ADDRESS)	(
	AL ye	
Enter new mailing address, if applicable:	1 5 h	
(Mailing address MAY BE A POST OFFICE BOX)	ं व प	
	12. 12	
	. 7	
B. If amending the registered agent and/or registered office address registered agent and/or the new registered office address here:	s on our records, <u>enter the name of the</u>	
Name of New Registered Agent:		
New Registered Office Address:		
	r Florida street address	
	, Florida	
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 the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			☐ Remove
			Add
			□ Remove
			Add
			Remove
			☐ Remove
			Add
			□ Remove
			
			Add
			□ Remove

II amend	ning any other information, enter change(s) here: (Attach additional sheets, if necessary.)
(The effecti	e date, if other than the date of filing: (optional) we date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after his document is filed by the Florida Department of State)
Dated	08/07/2015
	Sall
	Signature of a member or authorized representative of a member
	ŽOHÁR DADASHEV
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00