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COVER LETTER

TO: Registration Sect Division of Corpo			
SUBJECT:	HARBOVICO Name of Limi	Development Cited Liability Company	onlutions, LLC.
The enclosed Articles of A	mendment and fee(s) are subr	mitted for filing.	
Please return all correspond	dence concerning this matter	to the following:	
	JAMES	A. Mc Croskey Name of Person	
. ·	HARBOUTC	to Development Firm/Company	Solutions, LLC
	PO Box	7484 Address	
	Day for A	Beach, Shores City/State and Zip Code **CONDER AM AIC. to be used for future another report notifications.	, 32116
	E-mail address: (i	ecolla a gm AIL.	COM tion)
For further information cor	ncerning this matter, please ca		
James A. Name of I	MCCroskey Person	at (366) 275 Area Code Daytime T	elephone Number State ASS
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)	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

HARBOURCO Development Solutions, LLC
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
The Articles of Organization for this Limited Liability Company were filed on Feb. 24,2014 and assigned Florida document number 160000 392 45
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 designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: 21 EAS+Tw+erNATIONAL Spectual
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Day town Beach, FL 32118
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)
B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:
Name of New Registered Agent: Promotional Research, INC.
New Registered Office Address: 21 EAST TU HET WAT ION AL Speedway, BLUD Enter Florida street address Daylowa Brach, Florida 32116 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 Lam fawiliar with and accept the obligations of my position as registered agent as provided for in Chapter 605, For or, whis 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 Title Name **Address** Type of Action Manager James A, McCroskey Box 7484

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Filing Fee: \$25.00