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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

Division of Corpor	on rations		
Division of Corpor	HARATS FOUT A	Ankle UC	
	Name of Limi	ted Liability Company	
The enclosed Articles of An	nendment and fee(s) are subr	mitted for filing.	
Please return all corresponde	ence concerning this matter t	to the following:	
	JOHN	HARRES	
	Harns	Firm/Company	
		Firm/Company	
	3839 Arc	WH Rent TRAIL WE Address	3/
	Jacks.nu.	City/State and Zip Code C Smc, / . Con to be used for future annual report notificat	77
	7	City/State and Zip Code	 i .
-	Family delegate (1	to be used for future annual report notificat	ion)
Park Carlos N. Carros Maria			wii)
For further information cond	cerning this matter, please ca	шт.	
DOITH HAMPS	Y	at (<u>504)</u> 294 – 03 Area Code Daytime Te	565
Name of Pe	erson	Area Code Daytime Te	Iephone Number
Enclosed is a check for the t	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)
	G ADDRESS: on Section	STREET/COURIER Registration Section	ADDRESS:

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Harris Fut of Ankle LCC
(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 3-8-2016 and assigned Florida document number 61666647732
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:
(Principal office address MUST BE A STREET ADDRESS)
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 namerof the new registered agent and/or the new registered office address here:
Name of New Registered Agent:
New Registered Office Address: Finter Florida street address
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:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	JOHN G. HAARSIJR	3839 Arrow Point Track WAST	Add
		Jacksonville FL 32277	Remove
			Change
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Filing Fee: \$25.00