L16000094499

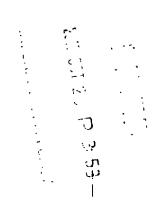
(Red	questor's Name)	
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(Cit	y/State/Zip/Phone #	<i>f</i>)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Name	e)
(Do	cument Number)	
Certified Copies	_ Certificates o	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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D SCOTT

.:.=== OCT 2 4 2017: ==::::



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 6, 2017

AIRU GU 6303 IRONWOOD CIR TAMARAC, FL 33319

SUBJECT: CLINT HARRIS L L C Ref. Number: L16000094499

We have received your document for CLINT HARRIS L L C and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FL CORP, but your entity is a FL LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Dionne M Pijeaux Regulatory Specialist

Letter Number: 917A00020227



COVER LETTER

TO:	Registration S Division of Co				
SUBJI	ECT:		+ Harris LL(<u></u>	
		Name of Li	mited Liability Company	,	
The en	closed Articles o	Amendment and fee(s) are su	ibmitted for filing.		
Please	return all corresp	ondence concerning this matte	r to the following:		
			AITU GU Name of Person		
			Firm/Company		
		_6303 I	ronwood Cir	cle	
		Tama	CAC FC '2 City/Stale and Zip Code CLINT CAOL. (to be used for future annual report not)	3319	
		E-mail address:	(to be used for future annual report not	fication)	٤.
For furti	ner information c	oncerning this matter, please o	all:	•	
	AIRI	1 GU	at () Area Code Daytime	Telephone Number	· .
	Name o	F Person	Area Code Daytim	: Telephone Number	• ;
Enclosed	is a check for th	e following amount:		;	(5
□ \$2 5.	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 enclo	

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Bullding
2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	LINT H				
(Name of the Limite	d Liability Company A Florida Limited Lia	as it now appears bility Company)	on our records	.)	
The Articles of Organization for this Limited Lin Florida document numberL	ability Company w	ere filed on	5 13 2	016	and assigned
This amendment is submitted to amend the follo	wing:				
A. If amending name, enter the new name of	the limited liabili	у сотрапу ће	<u>re</u> :		
The new name must be distinguishable and contain the we	ords "Limited Liability	Company," the de	signation "LLC"	or the abbrevi	ation "L.L.C."
Ënter new principal offices address, if applica	ıble:				
(Principal office address MUST BE A STREE)	T ADDRESS)	· · · · · · · · · · · · · · · · · · ·			
			 	· · ·	
Enter new mailing address, if applicable:				inaina (17) acad mena 1280 at	
(Mailing address MAY BE A POST OFFICE I	BOX)				· · · · · · · ·
					1)
B. If amending the registered agent and/o registered agent and/or the new registered off		e address on	our records,	enter the	name of the n
Name of New Registered Agent:	ARU	GU		·	
New Registered Office Address:	6303	Iron U	da street address	uale	·
	Tan	DARAC	. Flo	_	3319
		City			lp 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

Title	<u>Name</u>	Address	Type of Action
MGR	Clint Harris	6303 Ironwood arde	C Add
		Tamarac FL 33319	#Remove
			Change
MGR	AIRU GU	6303 Ironwood arle	_D Add
		TamorAC FL 38319	Remove
			Change
			D Add
			Remove
			☐ Change
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		· · · · · · · · · · · · · · · · · · ·	_ Remove
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effective date is e: If the date i	other than the date of listed, the date must be spec inserted in this block does we date on the Department	ific and cannot be prior (a not meet the applica	o date of filing or more ble statutory filing a	(optiona than 90 days after filing equirements, this da	l) g.) Pursum to 605.02 g. will not be listed t
ecord speci ne 90th day	fles a delayed effect after the record is t	tive date, but not filed.	an effective tin	ne, at 12:01 a.m	. on the earlier
ed)-1)-1)		_•		
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		re of a member of author			

Page 3 of 3

Filing Fee: \$25.00