L16000113805

(Re	questor's Name)	
— (Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone #	v)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name	e)
(Do	ocument Number)	
Certified Copies	_ Certificates o	of Status
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COVER LETTER -

TO:		stration Sect			,
SUBJE		Harold Lerne	r, LLC		
SOBJE			Name of Lim	ited Liability Company	
The enc	closed	Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please r	eturn :	all correspond	lence concerning this matter	to the following:	
			Michael S. Yashko, Esq.		
			Roetzel & Andress	Name of Person	
			850 Parkshore Dr., 3rd Flo	Firm/Company por	
			Naples, FL 34103	Address	
			myashko@ralaw.com	City/State and Zip Code	
			E-mail address: (to be used for future annual report notifi	ication)
For furt	her int	formation cor	cerning this matter, please ca	all:	
Michae	el S. Y	ashko, Esq.		239 338-4249 at ()	
		Name of I	Person	Area Code Daytime	Telephone Number
Enclose	ed is a	check for the	following amount:		
B \$ 25	.00 Fi	ling 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

Harold Lerner, LLC		
(<u>Name of the Limited Liability</u> (A Florida)	y Company as it now appears on our records Limited Liability Company)	<u>.</u>)
The Articles of Organization for this Limited Liability Co. Florida document number L16000113805	ompany were filed on June 15, 2016	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		2019 U
Principal office address MUST BE A STREET ADDRI	ESS)	
		SOUTH PR
Enter new mailing address, if applicable:		.T. o. N. C
Mailing address MAY BE A POST OFFICE BOX)		건설 2
3. If amending the registered agent and/or registored agent and/or the new registered office address.		, enter the name of the r
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
		rida
	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 adde or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Helen Lerner	3740 South Ocean Blvd Apt. 1607	
		Highland Basch Cl. 22197	
		Highland Beach, FL 33487	■ Remove
			Remove
			_□ Change
			🗆 Remove
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(If an effe Note: 1	re date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated _	Juve 11 . 2019
	Harold Lerner

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Filing Fee: \$25.00