L16000124014

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer	
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SECRETARY OF STATES
TALLAHASSEE, FLORIDA
16 JUL 12 PM 2: 10

JUL 12 2016 S. YOUNG

COVER LETTER

	Registration Se Division of Cor			
CIID IEC	REHARRI	S LLC		
SUBJEC		Name of Lin	nited Liability Company	
			1	
The encle	osed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please re	turn all correspo	ondence concerning this matter	to the following:	
		Robert Earl Harris		
			Name of Person	 .
		REHARRIS LLC		T'es
			Firm/Company	
		244 Rosa Blanca		
			Address	JUL 12 PH 2
		Winter Haven, Florida 3	3884	16 JUL 12 PH 2: 10
			City/State and Zip Code	
		roberteharris@verizon.ne	et to be used for future annual report notific	
For furthe	er information c	oncerning this matter, please c	-	anon)
Robert E	Earl Harris		215 378-0633	
	Name of	f Person		elephone Number
Enclosed	is a check for th	ne following amount:		
□ \$25.0	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)
	Registra Divisio	ING ADDRESS: ation Section n of Corporations ox 6327	STREET/COURIED Registration Section Division of Corporati Clifton Building	

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

REHARRIS LLC	
(<u>Name of the Limited Li</u> (A Fl	ability Company as it now appears on our records.) orida Limited Liability Company)
The Articles of Organization for this Limited Liabili Florida document number L16000124014	ty Company were filed on June 28, 2016 and assigned
This amendment is submitted to amend the following	g;
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 AL	DDRESS) ~ PO
	2: 10
77 d	2: 10 B
Enter new mailing address, if applicable:	
<u>(Mailing address MAY BE A POST OFFICE BOX</u>	<u> </u>
B. If amending the registered agent and/or r registered agent and/or the new registered office	egistered office address on our records, <u>enter the name of the new</u> address here:
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
_	, Florida
	City Zip Code

New Registered Agent's Signature, if changing Registered Agent:

ألهل

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>	Address	Type of Action
MGR	Robert Earl Harris	244 Rosa Blanca,	■ Add
		Winter Haven, FL 33884	□ Remove
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ecosti.	date, if other than the date of filing: (optional)	
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rece The	d specifies a delayed effective date, but not an effective time, at $12\colon\!01$ a.m. on the earlith day after the record is filed.	er of
ated _	Signature of a member or authorized representative of a member	
	Robert Earl Harris	

Page 3 of 3

Filing Fee: \$25.00