16000172611

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SECRETARY OF STATE DIVISION OF CORPORATIONS

N COOPER SEP 1 0 2018

COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT:	Harborsi Name of Limi	Cle Comfort ted Liability Company	Services
The enclosed Articles of A	Amendment and fee(s) are sub-	nitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	Faue	lie Innocent	<u>-</u>
		Firm/Company	
	699	Gazetta Way	
	West 1	Palm beach, F City/State and Zup Code	1 33413
	Favelie I	nnx en Oyaha C	cation)
For further information co	ncerning this matter, please co	ıll:	
Tavelie Name of	Innocent	at (<u>561</u>) <u>317</u> Area Code Daytime	5932 Telephone Number
Enclosed is a check for the	e following amount:		
\$25.00 Filling Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55,00 Filing Fee & Certified Copy (additional copy (s 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

The Articles of Organization for this Limited Liability Company were filed on Florida document number L 1600172611 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 "LLC." 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 name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address City

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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager

AMBR = Aut	horized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	<u>Kevin Boxin</u>	1665 Murrieta Ct	Add
		1665 Murrieta Ct Reno, NV 89521	⊠ Remove
			□ Change
			□ Add
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ective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursua e: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will no ument's effective date on the Department of State's records.	ant to 605,02 of be listed
record specifies a delayed effective date, but not an effective time, at $12{:}01$ a.m. on the he 90th day after the record is filed.	e earlier
ed August 30th 2018	
Signature of a member or authorized representative of a member	
Favelic Innocent	

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Filing Fee: \$25.00