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Office Use Only



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Amend

APR 1 6 2019

I ALBRITTON

COVER LETTER

TO;	Registration Se Division of Cor						
SUBJE	Its Harvest	Time, LLC					
.,01,,13	···	Name of Limited Liability Company					
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please re	eturn all correspo	ndence concerning this matter	to the following:				
		LASHONNE MCBAYNE					
		ITS HARVEST TIME, LL	Name of Person C				
		710 NW 201 STREET	Firm/Company				
		MIAMI, FL 33169	Address				
		LJMCBAYNE@GMAIL.C	City/State and Zip Code OM				
		E-mail address: (0	to be used for future annual report notif	fication)			
For furth	ner information co	oncerning this matter, please ca	all:				
LASHO	NNE MCBAYN		954 274-1315 at ()				
	Name of	Person	Area Code Daytime	: Telephone Number			
Enclosed	d is a check for th	e following amount:					
Q \$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)			

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



March 30, 2019

LASHONNE MCBAYNE 710 NW 201 STREET MIAMI, FL 33169

SUBJECT: ITS HARVEST TIME L.L.C.

Ref. Number: L17000040392

We have received your document for ITS HARVEST TIME L.L.C. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must have original signatures.

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

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) 245-6050.

Irene Albritton Regulatory Specialist II

Letter Number: 219A00006355,/

www.sunbiz.org

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ITS HARVEST TIME, LLC

(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 02/22/2017 and assigned Florida document number 1.17000040392 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

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>Name</u>	Address	Type of Action
EUGENE EDWARDS II	710 NW 201 STREET	
		Add
	MIAMI, FL 33169	= Remove
		Change
EUGENE EDWARDS II	710 NW 201 STREET	
	MIAMI FL 33169	■ Add
		□ Remove
		Change
		Add
		□ Remove
		7.0
		□ Change
		Remove
		□ Change
		□ Remove
		Change
		□ Add
	_	
		☐ Remove
		□ Change

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(I Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of			•	_
E. Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 695,0207 (3)0. Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: Dated MARCH 16 3019				
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3 Signature of a member of authorized representative of a member	Jal 1	1ch n		
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00