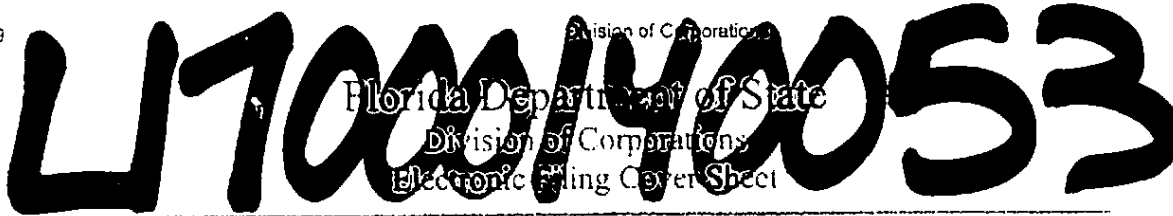


12/20/2019



Division of Corporations
 Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:
 Division of Corporations
 Fax Number : (850)617-6383

From:
 Account Name : EXPRESS CORPORATE FILING SERVICE INC.
 Account Number : I20000000146
 Phone : (305)444-4994
 Fax Number : (305)444-4977

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
 HARLANO VALLEY LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
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 2019 DEC 20 P 1:01
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

2019 DEC 20 PM 2:12

Electronic Filing Menu

Corporate Filing Menu

Help

12/20/2019 2:12 PM

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

HARLANO VALLEY 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 06/28/2017 and assigned Florida document number L17000140053.

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 "L.L.C."

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

_____, Florida _____
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 added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
OMGR	LISSY SANCHEZ	9588 SW 40 ST	<input type="checkbox"/> Add
		MIAMI, FL 33165	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
S	LISSY SANCHEZ	9588 SW 40 ST	<input type="checkbox"/> Add
		MIAMI, FL 33165	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	LISSY SANCHEZ	9588 SW 40 ST	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33165	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	RAONEL ALVAREZ	9588 SW 40 ST	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33165	<input type="checkbox"/> Remove
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Dated 12/19 2019

Typed or printed name of signer

FAX COVER SHEET

TO	
COMPANY	
FAX NUMBER	18506176383
FROM	James Tanks III
DATE	2019-12-20 12:31:23 CST
RE	12490218 - State Street Fund Services, Inc. - Qualification

COVER MESSAGE

Ken Brown
 Fulfillment Associate
 Global Fulfillment Operations
 CT Corporation

Team 614-280-3338
GlobalFulfillmentTeam@wolterskluwer.com



1200 Orange Street Wilmington, DE 19801
www.wolterskluwer.com