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J. HARRIS

COVER LETTER

Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

TO:

SUBJECT:	HRI	AW, PLLC	
		ited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
		JOSHUA E, RODGERS Name of Person	
	LAW OFFIC	CE OF JOSHUA E. RODGERS, P	LLC
	10	015 ATLANTIC BLVD, #227 Address	
	A	FLANTIC BEACH, FL 32233 City/State and Zip Code	
		A.E.RODGERS@GMAIL.CO to be used for future annual report n	
For further information	concerning this matter, please co	all:	
JOSHUA E. RODGERS Name of Person		at (<u>904</u>) Area Code Dayt	476-2636 ime Telephone Number
Enclosed is a check for (the following amount:		
SS \$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)
Regist	JNG ADDRESS: tration Section on of Corporations	STREET/COU Registration Sec Division of Corp	

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

it now appears on our records.)
it now appears on our records.) ny Company)
e filed onAUGUST 04, 2017 and assigned
company here:
A E. RODGERS, PLLC
ompany," the designation "LLC" or the abbreviation "LLC,"
1015 ATLANTIC BLVD, #227
ATLANTIC BEACH, FL, 32233
1015 ATLANTIC BLVD, #227 ATLANTIC BEACH, FL, 32233
address on our records, enter the name of the n
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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
<u> AP</u>	JACQUELINE C RODGERS	870 CAMELIA STREET	
		ATLANTIC BEACH, FL 32233 US	№ Remove
			Change
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'an effective Note: If the locument's (date inserted in this block of effective date on the Depart	pecific and cannot be prior to date of filing or more than loes not meet the applicable statutory filing requirement of State's records. Sective date, but not an effective time, a	rements, this date will not be list
Dated	APRIL 09	. 2018	
		71.64/	281
_	Sion	ature of a member or authorized representative of a me	
			70 - 70 cms
		JOSHUA E. RODGERS	
_	1.0 2.0	Typed or printed name of signee	₹ 17
		•	
		Page 3 of 3	

Filing Fee: \$25.00