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## **COVER LETTER**

TO:

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations	
SUBJECT: Harden Miner Name of Limited Liability	Company LLC
The enclosed Articles of Amendment and fee(s) are submitted for f	iling.
Please return all correspondence concerning this matter to the follo	wing:
Tamara Hard	e of Person
Harden Miner Dov	Clippiny E
	Vanteo Streat B286 3 7 1 ddress
1/21/21/21/20 S. S. O. O. S.	and Zip Code
E-mail address: (to be used for Cococceptice for further information concerning this matter, please call:	r future annual report notification)
Tamara Harden at (	Daytime Telephone Number
Enclosed is a check for the following amount:	
☐ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Certificate of Status	00 Filing Fee & S60.00 Filing Fee, ified Copy Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section	Street Address: Registration Section
Division of Corporations	Division of Corporations

moras Ocean# 209848170158

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Harden Mine	er Developm	nent, LLC	
(Name of the Limited Liabilit (A Florida	y Company as it now appears on a Limited Liability Company)	our records.))	
The Articles of Organization for this Limited Liability Co Florida document number \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	ompany were filed on $\frac{10}{2}$	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit  Halden Mechanaise of the limit  The new name must be distinguishable and contain the words "Limit	end Burpolis,	ation "LLC" or the abbreviation "L.L.C."	_
Enter new principal offices address, if applicable:	<del> </del>	2	_
(Principal office address MUST BE A STREET ADDR	ESS)	2	
Enter new mailing address, if applicable:	<del></del>	72.5 P	
'Mailing address MAY BE A POST OFFICE BOX)		(1) N	
			_
3. If amending the registered agent and/or registered gent and/or the new registered office address here:	office address on our record	ds, <u>enter the name of the new regis</u>	tered
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida sti	reet address	
		, Florida	
	City	Zip Code	_

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

reby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the visions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and pt the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is g filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability pany has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

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

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effective date is listed, the date must be specific and cannot be prior to date of	filing or more than 90 days	after filing.) Purs	uant to 6	05,020
e: If the date inserted in this block does not meet the applicable statu ument's effective date on the Department of State's records.	mory ming requirement	s, this date will	not be ii	sted a
ord specifies a delayed effective date, but not an effective time, at 12 filed.	:01 a.m. on the earlier of	of: (b) The 90t	h day af	ter the
<b>A</b>				
d January 20th, 2021.				
Signature of a member or authorized repr	esentative of a member			