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COVER LETTER

TO:	Registration Se Division of Cor		•	,			
cun II	Harpjack E	Enterprises, LLC					
Name of Limited Liability Company							
The en	iclosed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please	return all correspo	ndence concerning this matter	to the following:				
		Curtis Ellis					
			Name of Person				
		10100 5 : 51	Firm/Company				
		12428 Daisy Place					
		Bradenton, FL 34212	Address				
		harpjackholdings@outloo	City/State and Zip Code				
		E-mail address: (to be used for future annual report notif	ication)			
For fur	ther information c	oncerning this matter, please ca	all:				
Curtis	Ellis		812 499-0127				
	Name o	f Person	Area Code Daytime	Telephone Number			
Enclos	ed is a check for th	ne following amount:					
■ \$ 2.	5.00 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Harpjack Enterprises, 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 1/31/2018 and assigned Florida document number <u>L1</u>8000028297 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Harpjack Holdings, LLC 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) 쥲 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 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, enter the title, name, and address of each person being added or removed from our records:

MGR = M $AMBR = A$	anager uthorized Member		
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effective date is listed, the date must be spece: If the date inserted in this block doe iment's effective date on the Department.	s not meet the app	olicable statutor				
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August 17	2018					
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00