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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Har by L LLC  Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
John C. Shevada Name of Person
Firm/Company
2455 Cimarane Blud.
Saint Johns Ft 32259 - City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Tohn C. Shevada at (904) 252 - 7887  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & Certificate of Status \$\Bigcup \$25.00 Filing Fee & Certificat

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

(Name of the Limited Liability Compar (A Florida Limited L.	ny as it now appears on our records.) Hability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L18000 <b>6</b> 94415.	were filed on 4/16/18	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil"	ity 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)		
		2 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
		CORNECTED P
Enter new mailing address, if applicable:		<u>≭ ∂</u>
Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
	<del></del>	<u> </u>
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Floric	
	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 **Title** Name Address **Type of Action** 2455 Cimarrone Blvd. KAdd Hothis Laura Sherada Saint Johns FL 32259 \_□ Change \_D Add □ Remove \_□ Change \_□ Remove ☐ Change □ Add □ Remove \_\_ Change □ Add □ Remove □ Change □ Add ☐ Remove ☐ Change

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n 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 605.020 <a dec.10="" href="https://dec.10/line-normal-&lt;/td&gt;&lt;td&gt;&lt;/td&gt;&lt;td&gt;&lt;/td&gt;&lt;td&gt;1.&lt;/td&gt;&lt;td&gt;&lt;/td&gt;&lt;td&gt;&lt;/td&gt;&lt;td&gt;&lt;/td&gt;&lt;/tr&gt;&lt;tr&gt;&lt;td&gt;n 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 605.020 to: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a cument's effective date on the Department of State's records.  record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the 90th day after the record is filed.&lt;/td&gt;&lt;td&gt;nted &lt;u&gt;6 - 19 - 3&lt;/u&gt;&lt;/td&gt;&lt;td&gt;2018&lt;/td&gt;&lt;td&gt;&lt;/td&gt;&lt;td&gt;&lt;u&gt;-&lt;/u&gt;.&lt;/td&gt;&lt;td&gt;&lt;/td&gt;&lt;td&gt;&lt;/td&gt;&lt;/tr&gt;&lt;tr&gt;&lt;td&gt;n 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 605.020 &lt;a href=" https:="" line-normal-<="" td=""><td></td><td>4 C C</td><td>Sheroe</td><td>è.</td><td></td><td></td></a>		4 C C	Sheroe	è.		
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Filing Fee: \$25.00