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COVER LETTER

TO:	Registration Se Division of Cor				
en bre		perties, LLC			
SUBJEC		Name of Lim	ited Liability Company	· · · · · ·	
		Amendment and fee(s) are sub			
		John T. Ankner, Esq.			
			Name of Person		
		Law Office of Saunders &	Saunders, PA		
			Firm/Company		
		7232 W Sand Lake Road,	Wuite 202		٠٦.
			Address		
		Orlando, Florida 32819			} •
		john@lawsaunders.com	City/State and Zip Code		. ±
		E-mail address: (to be used for future annual rej	port notification)	श्र) स
For furth	ner information c	oncerning this matter, please c	all:		
John T.	Ankner, Esq.		- /	0459	
	Name o	t Person	Area Code	Daytime Telephone Number	
Enclosed	d is a check for th	ne following amount:			
\$25.	.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	sed) Certified (e of Status &
	MAIL	ING ADDRESS:	STREET/O	COURIER ADDRESS:	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Harbeo Properties, LLC		
(<u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appears on our records.) a Limited Liability Company)	
The Articles of Organization for this Limited Liability C	Company were filed on 09/28/2018	and assigned
Florida document number L18000230468		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC" o	or the abbreviation "L.E.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD)	RESS)	-
		<u> </u>
		∹ :
Enter new mailing address, if applicable:		- · · · · · · · · · · · · · · · · · · ·
(Mailing address MAY BE A POST OFFICE BOX)		
		ga ············
B. If amending the registered agent and/or registered agent and/or the new registered office add		enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
		• •
	, Flor	1 da 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>	Address	Type of Action
AP	Gabrielle D. Harb	3700 34th Street	
		Orlando, FL 32805	
		Orlando, FL 32803	■ Remove
			Change
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rtive date, if other than the date of filing: flective date is listed, the date must be specific and cannot be prior to date of filing or If the date inserted in this block does not meet the applicable statutory filment's effective date on the Department of State's records.	more than 90 days at ing requirements, t	tional) ler filing.) Pursuant to 60 his date will not be lis	
record specifies a delayed effective date, but not an effective	e time, at 12:01	a.m. on the ear	lier o
ne Suth day after the record is filed.			
ed November 3, 2018 Signature of a member or authorized representation			

Page 3 of 3

Filing Fee: \$25.00