L18000235721

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TALLAHASSEE FLORIS

FEB 1 3 2018

COVER LETTER

TO: Registration Division of C					
	Fire Postal Store, LLC				
SUBJECT:	Name of Lim	ited Liability Company			
			PAGE 18		
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.	五元 山		
Please return all corres	spondence concerning this matter	to the following:	C. C. Fr.		
	Tanishia Stokes		TOBS FEB - T AH D.		
		Name of Person			
	Findlay Stokes Law Firm				
		Firm/Company			
	8362 Pines Blvd # 254				
	Address Pembroke Pines, Florida 33024				
	City/State and Zip Code tstokes@findlaystokes.com				
	E-mail address: (to be used for future annual report not	itication)		
For further information	n concerning this matter, please c	all:			
Tanishia Stokes		954 986-1778 at ()			
Nam	e of Person		ne Telephone Number		
Enclosed is a check fo	r the following amount:				
□ \$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)		

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

OBER THUS

Harvest Fire Postal Store, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) and assigned Florida document number L18000235721 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Harvest Fire Postal, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 398 East Dania Beach Blvd. Enter new principal offices address, if applicable: Dania Beach, Florida 33004 (Principal office address MUST BE A STREET ADDRESS) 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 name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: 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.

City

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			Remove
			Change
			☐ Add
			Remove
			Change
			□ Remove
			Change
		·	
			□ Remove
			Change
			□ Add
		Removc	
			Change
		☐ Remove	
			Change.

Effec	tive date, if other than the date of filing: (ontional)
Note:	tive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Dated	February 4th, 2019
	Stoke
	Signature of a member or authorized representative of a member
	Tanishia Stokes

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00