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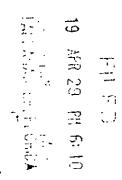
(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
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(Dusiness Entry Name)
(Document Number)
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MAY 1 0 2019

S. YOUNG

COVER LETTER

TO: Registration So Division of Cor			
EUBJECT: Hag	o's Heave of Lin	luty Services nited Lipbility Company	
The enclosed Articles of	Amendment and fee(s) are sub	unitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	,	vistian A. Hag	
	- Husp	Firm Company	senuces
		5709 Verna u Address	-eg
		City/State and Zip Code Chiis Lian 5 70 to be used for future annual report notified.	
For further information c	oncerning this matter, please co		ication
Christie Name o	Person Hage	at (-850) - 736 Area Code Daytime	- 6349 Telephone Number
Emplosed is a check for ti	ne following amount:		
S \$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:

TO:

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

HARP'S HEAVY DUTY		
(<u>Name of the Limited Liab</u> (A Flori	illity Company as it now appears on our ida Limited Liability Company)	records.)
The Articles of Organization for this Limited Liability	Company were filed on	and assigned
Florida document number <u>[[]8002723</u>	22	/
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
The new name must be distinguishable and contain the words "L'	fmited Liability Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADL	ORESS)	<u> </u>
	<u> </u>	F -
		P. T.
Enter new mailing address, if applicable:		1, 29
Mailing address MAY BE A POST OFFICE BOX)		
		7 9
		<u>.</u> 5
B. If amending the registered agent and/or regregistered agent and/or the new registered office ad		ecords, enter the name of the nev
egistered agent and/or the new registered office ad	uress nere:	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida streed	address
<u></u>		Florida
	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

<u>Yitle</u>	Name	Address	Type of Action
ANBR	coltan J. spence	4407 copperwood pl.	Add
			□ Remove
			Change
			□ Add
			🗆 Remove
			☐ Change
			Add
			□ Remove
			□ Change
			□ Add
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			Change
			□ Add
			□ Remove
			☐ Change

(If an e <u>Note</u>	ctive date, if other than the date of filing:
If the r (b) Th	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlied ne 90th day after the record is filed.
Date	d <u>04/9/19</u>