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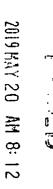
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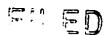
C. GOLDEN

JUN - 8 2019

COVER LETTER

TO:	Registration Sec Division of Corp			
CHDIC	Hark Holdin	gs, LLC		
SUBJE	.cr:	Name of Limite	d Liability Company	
~~1				
The enc	closed Articles of A	Amendment and fee(s) are submi	tted for filing.	
Please r	eturn all correspon	dence concerning this matter to	the following:	
		Monica M. Jones		
			Name of Person	
		Hark Holdings, LLC		
			Firm/Company	
3300 S. Hiawassee Road; Suite				
		Orlando, FL 32835	Address	
		mmj@efl.rr.com	City/State and Zip Code	
		E-mail address: (to b	be used for future annual report notifi	cation)
For furt	her information co	neerning this matter, please call:		
Monica M. Jones		407 873-4712		
Name of Person			Area Code Daytime	Telephone Number
Enclose	d is a check for the	following amount:		
■ \$25	.00 Filing Fee	□ \$30.00 Filing Fee &	□ \$55.00 Filing Fee &	□ \$60.00 Filing Fee,
ddres: charge or Ray Agent			Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
		NG ADDRESS:	STREET/COURIE Registration Section	
Registration Section Division of Corporations			Division of Corpora	
P.O. Box 6327 Tallahassee, FL 32314		Clifton Building 2661 Executive Cen Tallahassee, FL 323		

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**



2019 MAY 20 AM 8: 12

Hark Holdings, LLC			2013	1111 50 HILD, 15
(<u>Name of the Lim</u>	ited Liability Comp	any as it now appears on Liability Company)	our records.)	
	(A Florida Limited	Liability Company)		
The Articles of Organization for this Limited I	iability Company	were filed on 2/18/20)19	and assigned
		were med on		and assigned
Florida document number 1.19000047127	<u> </u> -			
This amendment is submitted to amend the fol	lowing:			
If amending name, enter the new name of	<u>of the limited lial</u>	oility company here:		
The new name must be distinguishable and contain the	words "Limited Liab	ility Company," the design	nation "LLC" or the	abbreviation "L.L.C."
		3300 S. Hiawassee F		
Enter new principal offices address, if applicable:		Suite 103		
(Principal office address MUST BE A STREI	<u>ET ADDRESS)</u>			
		Orlando, FL 32835		
Enter new mailing address, if applicable:		3300 S. Hiawassee Road		
(Mailing address MAY BE A POST OFFICE	POVI	Suite 103		
Stating dualess MAT BE AT OST OTTICE	BOA	Orlando, FL 32835		
	}			
Name of New Registered Agent:		ca M. J.	gnes	
	3300 S. Hiawa	ssee Road; Suite 103		
New Registered Office Address:		Enter Florida si	troot addross	
		271107 1 1111111111111111111111111111111		
	Orlando		, Florida <u>3</u>	2835
		City		Zip Code
New Registered Agent's Signature, if changing	Registered Agent:			
I hereby accept the appointment as registere provisions of all statutes relative to the propaccept the obligations of my position as registery being filed to merely reflect a change in the company has been notified in writing of this Mew address only	per and complete istered agent as pregistered office change.	performance of my oprovided for in Chap	duties, and I am ster 605, F.S. Or onfirm that the li	familiar with and , if this document is mited liability
	Page	1 of 3		

MGR = AMBR =	Manager Authorized Member		
<u> </u>	<u>Name</u>	Address	Type of Action
			Add
			□ Remove
			Change
			□ Add
			Remove
			Change
		- /	
			Remove
			Change
			Add
			□ Remove
			Change
			Remove
Ü			☐ Change
			□ Add
			Remove
			Change

PLÉASE CHANGE	e Appress of
sole menber	registered agent
MONICA	4. 5000
	5 conray winsermere RD wite A
	land Fra 32835
New Assiess y	regstered agent Movica M. Jones
	3300 S. HIAWASSEE RI Suite 103
	alando Fix 32835
	(optional) c prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (3)(b) applicable statutory filing requirements, this date will not be listed as the cords.
(b) The 90th day after the record is filed.	ut not an effective time, at 12:01 a.m. on the earlier of:
Dated 5/40 2. Moniea Missignature of a member of	2-444
Signature of a member of	or actionized representative of a member
MON (A Typed (M. JONES printed name of signee
	Page 3 of 3

• • D. If amending any other information, enter change s) here: (Attach additional sheets, if necessary.)

Filing Fee: \$25.00