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| PICK-UP                 | ☐ WAIT            | MAIL      |
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| (Do                     | cument Number)    |           |
| Certified Copies        | _ Certificates    | of Status |
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## **COVER LETTER**

| Div             | ision of Corp   | orations                                     |   |   |
|-----------------|-----------------|--|---|---|
| SUBJECT:        |                 | rida Investments LLC Adding                  | g Manager   |   |
| SUBJEC1:        |                 | Name of Limi                                 | ted Liability Company   | <del></del>   |
| The enclosed    | d Articles of A | mendment and fee(s) are subr                 | nitted for filing.  |   |
| Please return   | all correspon   | dence concerning this matter t               | to the following:   |   |
|                 |                 | Mendy Lieberman                              |   |   |
|                 |                 |  | Name of Person  | <del></del>   |
|                 |                 | The Lieberman Law Firm,                      | P.A.  |   |
|                 |                 |  | Firm/Company  |   |
|                 |                 | 20801 Biscayne Blvd                          |   |   |
|                 |                 |  | Address   | <del></del>   |
|                 |                 | Aventura, FL, 33180                          |   |   |
|                 |                 | mlieberman@sflatty.com                       | City/State and Zip Code   |   |
|                 |                 | E-mail address: (t                           | o be used for future annual report notific                          | cation)   |
| For further i   | nformation co   | ncerning this matter, please ca              | dl:   |   |
| Mendy Lieberman |                 |  | at () 9127789   | Telephone Number  |
| 3               | Name of         | Person                                       | Area Code Daytime   | Telephone Number  |
| Enclosed is     | a check for the | e following amount:                          |   |   |
| □ \$25.00 F     | Filing Fee      | ☐ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | □ \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |

MAILING ADDRESS:

TO:

Registration Section

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

| Harkham Florida Investments LLC   |   |                              |  |
|---|---|------------------------------|--|
| (Name of the Limited Liability Compa<br>(A Florida Limited  | any as it now appears on our records.<br>Liability Company) | )                            |  |
| The Articles of Organization for this Limited Liability Company Florida document number L19000122546  | were filed on 05/13/2019                                    | and assigned                 |  |
| This amendment is submitted to amend the following:   |   |                              |  |
| A. If amending name, enter the new name of the limited liab   | pility company here:  |                              |  |
| The new name must be distinguishable and contain the words "Limited Liabi   | ility Company," the designation "LLC"                       | or the abbreviation "L.L.C." |  |
| Enter new principal offices address, if applicable:   | 857 South San Pedro St                                      | 2019<br>31.0                 |  |
| (Principal office address MUST BE A STREET ADDRESS)   | Los Angeles California 90017                                | 200                          |  |
|   |   | ω 💮                          |  |
| Enter new mailing address, if applicable:   | 857 South San Pedro St                                      | PH 2                         |  |
| (Mailing address MAY BE A POST OFFICE BOX)  | Los Angeles California 90017                                | 53                           |  |
| B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here.  Name of New Registered Agent:  New Registered Office Address:       |   | enter the name of the n      |  |
|   |   |                              |  |
|   | City Flor   | Zip Code                     |  |
| New Registered Agent's Signature, if changing Registered Agent  | <u>:</u>  |                              |  |
| I hereby accept the appointment as registered agent and agr<br>provisions of all statutes relative to the proper and complete<br>accept the obligations of my position as registered agent as | e performance of my duties, and                             | d I am familiar with and     |  |

If Changing Registered Agent, Signature of New Registered Agent

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 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 |
|--------------|-------------------|--|----------------|
| MGR          | Johnathan Harkham | 857 South San Pedro St Los<br>Angeles California 90017 | <u></u>        |
|              |                   |  | □ Remove       |
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| ffecti       | ive date, if c          | ther than th                 | e date of filin                   | g:              | من المالية على المالية | than 00 day      | ( <b>optional)</b><br>s after filing.) Pursuz | ant to 605 0307.  |
| ote:         | If the date in          | serted in this b             | olock does not repartment of S    | neet the applic | able statutory fi  | ling requirement | s, this date will no                          | ot be listed as t |
| e rec<br>The | cord specif<br>90th day | ies a delaye<br>after the re | ed effective of<br>cord is filed. | date, but no    | ot an effective  | e time, at 12    | 01 a.m. on th                                 | e earlier of      |
| ated         | atols                   | 128,                         |                                   | . <u>2019</u>   | <u>.                                    </u>   |                  |   |                   |
|              |                         | //4                          | 111                               |                 |  |                  |   |                   |
|              |                         |                              |                                   |                 | orized representat   |                  |   |                   |

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Typed or printed name of signee

Filing Fee: \$25.00