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Amend Cus

APR 0'1 2020 I ALBRITTON

COVER LETTER

Division of Corporations	
Harrier Good Dog Blackout UC	
Name of Limited Liability Company	
e enclosed Articles of Amendment and fee(s) are submitted for filing.	
ease return all correspondence concerning this matter to the following:	
John David Goldman Name of Person Slankant ///	
Good Dog Blackout UC Firm-Company	
GOD Hudson St	
Address	
Daytona beach FL 32/14	
Daytona Boad FL 32/14 City/State and Ap Code Monkey takey Qyahor. Com E-mail address: (to be used for future annual report notification)	
r further information concerning this matter, please call:	
John David Column at 404, 524-7195 Name of Person Area Code Daytime Telephone Number	
sclosed is a check for the following amount:	
\$25,00 Filing Fee .	
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of Corporations	
P.O. Box 6327 The Centre of Tallahassee	
Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Namesorme Limited Liability Company as it now appears on our records.)

(A Florida Limited Liab)		/		
The Articles of Organization for this Limited Liability Company wer	re filed on <u>5/16</u>	-/19	and assigned	<u>.</u>
Florida document number <u>L19000126485</u>	,			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liability	company here:			
				<i>ر</i> ے
The new name must be distinguishable and contain the words "Limited Liability C	Company," the designation	i "LLC" or the abbr	eviation, H.L.C."	120 120
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)				ربت.
-			<u> </u>	
			`	宝
Enter new mailing address, if applicable:				بە ج
(Mailing address MAY BE A POST OFFICE BOX)			ر د الله ما الله	· ကြဲ
_			****	70
⊞If amending the registered agent and/or registered office add	ress on our records.	enter the name	of the new reg	istered
agent and/or the new registered office address here:			£ 11	70
				<u>-</u>
Name of New Registered Agent:				
New Registered Office Address:			<u></u>	AH 8
	Enter Florida street	address	<i>:</i>	& .2
		, Florida	<u> </u>	_ပိပ်
	Cuy		Zip Code	
New Registered Agent's Signature, if changing Registered Agent:				
I hereby accept the appointment as registered agent and agree to provisions of all statutes relative to the proper and complete per accept the obligations of my position as registered agent as providing filed to merely reflect a change in the registered office additionary has been notified in writing of this change.	formance of my duti- vided for in Chapter	ies, and I am fa 605, F.S. Or, if	miliar with an this documen	d
If Changing	g Registered Agent, <u>Sign</u>	ature of New Regis	dered Agent	

If amending Authorized Ferson(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MCR = Manager

AMER = Authorized Member

<u>Title</u>	Name	Address	Type of Action
<u>aner</u>	Robert Oddington	806 Leon St	□Add
		SUCKEON ST Durhan NC 27704	Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
		·	□Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			🗆 Remove
			□/Channo

	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
		
ote: If t	date, if other than the date of filing:	ant to 605 0207 of be fisted as
record sp Lis filed.	pecities a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th	day after the
ated	March 16 2020 John David Coldman John David Coldman	
	John Dink Jollman	
	Signature of a member or authorized representative of a member	

Filing Fee: \$25.00