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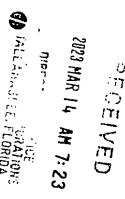


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COVER LETTER

TO: Registration So Division of Cor	porations Sarvic Solu-	ited Liability Company	
	Amendment and fee(s) are sub	<u>-</u>	
	Victor So	Name of Person Firm/Company	2023 HAR IL AN SECRETARY OF TALLAHASSE
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For further information c	E-mail address: (oncerning this matter, please ca		
Victor San	rtago Person	at (407) 818.0 Area Code Daytime	6 8 Telephone Number
Enclosed is a check for th ☐ \$25.00 Filing Fee	ne following amount: \$30,00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S Division of C P.O. Box 632 Tallahassee, I	Section orporations 7	Street Address: Registration Sect Division of Corp The Centre of Ta 2415 N. Monroe	orations llahassee

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2023 HAR 14 AH 8: 46

The Articles of Organization for this Limited Liability Company were filed on $\frac{7/19/19}{}$ Florida document number 41900186105 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Harvic Solution LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (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

70

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
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