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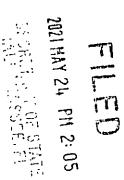
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COVER LETTER

TO:

TO: Registration Se Division of Cor			
SUBJECT:	D Handy Ha	rpor's LLC	ţ. V
SUBJECT:	Name of Lim	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Pleace return all correcto	ondence concerning this matter	to the following:	
rease return an correspo	maner concerning this matter	to the ronowing.	
	Carl	and Deboral H	arpom
	C47)-	Landy Harpers FirmCompany	2021 H
	978 SW	Coyote Cir	2021 HAY 24 PH 2: 05
	Fort W	hite Florida City/State and Zip Code	32038 72:05
	Caharperhom E-mail address:	o im Provent of G to be used for future annual report noti	gmailo com
For further information c	oncerning this matter, please c	all:	
Deborah Name o	A Harper f Person	at (<u>386</u>) <u>544</u> – Area Code Daytim	8037 e Telephone Number
Enclosed is a check for th	ne following amount:		
☐ \$25.00 Filing Fee	S30.00 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 Addres		Street Address:	otion
Registration S Division of C		Registration Sec Division of Cor	
P.O. Box 632	7	The Centre of T	allahassee
Tallahassee J	FI 32314	2415 N. Monro	e Street Suite \$10

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CAD Hardy Harpors	1,,	
(Name of the Limited Liability Compa (A Florida Limited I	iny as it now appears on ou	r records.)
(ATTIONIO ATTION	T: /	
The Articles of Organization for this Limited Liability Company	were filed on	22 25/9 and assigned
Torida document number <u>L1900018792</u> 1		
,		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
Thereore Construction	LL.C.	
he new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designati	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	n la	
Principal office address MUST BE A STREET ADDRESS)		021
		24
Enter new mailing address, if applicable:	n/n	70 111
Mailing address MAY BE A POST OFFICE BOX)	1 1 3	1900 PO Mark
Mulling uddiess MAT DE ATOST OF FICE BOX		00
3. If amending the registered agent and/or registered office a	address on our records	s, enter the name of the new registerer
gent and/or the new registered office address here:		
. 1		
Name of New Registered Agent:		
New Registered Office Address:		
Ton Registered Villee Padices.	Enter Florida stre	et address
	_	rida

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

Zip Code

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>	<u>Address</u>	Type of Action
		n/a	□Add
		1	□Remove
			□Change
			Add Financial Pp. III
			Deemove P
			PP Ghange OS
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tive date, if other than the date of filing:	(optional)	
fective date is listed, the date must be specific and cannot be prior to date of a lift the date inserted in this block does not meet the applicable statu		
nent's effective date on the Department of State's records.		
rd specifies a delayed effective date, but not an effective time, at 12	01 a m on the earlier of: (b) The	90th day after
iled.		
\mathcal{O}_{2} 13 202		
Mercy 13 202/ Signature of a member or authorized repr		