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## **COVER LETTER**

TO: Registration Se Division of Cor			
SUBJECT:	HARVICK HA	IVUING SERVICES ited Liability Company	11C_
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	CHu.	SPOPHER HARNIG	CK
		Firm/Company	
	202 E. Sum	TER ST Address	
		Address  L. FL 34715  City/State and Zip Code  1958 VICES 5 9 9 mai/16 be used for future annual report notif	(Can
	oncerning this matter, please ca	all:	,
Name o	f Person	at (352) 348 Area Code Daytime	e Telephone Number
Enclosed is a check for the	ne following amount:		
\$25.00 Filing Fee	☐ \$30.00 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 ADDRESS:

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

HARVICK HAS	ALING SERVICES 44C pany as it now appears on our records.) I Liability Company)
( <u>Name of the Limited Liability Comp</u> (A Florida Limited	pany as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Companies Lipida document number L19000188385.	y were filed on July 23, 2019 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	bility company here:
	2
The new name must be distinguishable and contain the words "Limited Liab	
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	<u>.; 3 5 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6</u>
Enter new mailing address, if applicable:	37.
(Mailing address MAY BE A POST OFFICE BOX)	
Maning dames with DE THOST OF THE BOX	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he	office address on our records, enter the name of the neer:
Name of New Registered Agent: CH	TUSTOPHER HARVICK
New Registered Office Address:	
	Enter Florida street address
	, Florida City Zip Code
New Registered Agent's Signature, if changing Registered Agent	<u>::</u>
I hereby accept the appointment as registered agent and ag	ree to act in this capacity. I further agree to comply with th

If Changing Registered Agent, Signature of New Registered Agent

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.

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being ad or removed from our records: MGR = Manager AMBR = Authorized Member **Title Name** Address **Type of Action** CHRUS HARNICK 202E SUMER ST DAdd MINNEOLA, FL 34715 ☐ Change AMISK (HOUSTOPHER HARVICK 202 E. SUMTER ST DAdd MINNEOLA, FL 34715 □ Remove ☐ Change □ Add ☐ Remove □ Change ☐ Add ☐ Remove ☐ Change □ Add ☐ Remove \_\_ 

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Effectiv	ve date, if other than the date of filing:
f an effe <b>Note:</b>	ve date, if other than the date of filing:
	ent's effective date on the Department of State's records.
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier 90th day after the record is filed.
Dated _	AUGUST 21 2019
	$\alpha = 1/2$
	Signature of a member or authorized representative of a member
	Signature of a member of authorized representative of a member
	CHIUSTOPHER HAWICK Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00