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## COVER LETTER

TO:

	Registration Se Division of Cor					
eith irz	*	s Harms LLC				
SUBJEC	Name of Limited Liability Company					
The encl	losed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please re	eturn all correspo	ndence concerning this matter	to the following:			
		Ryan Harms				
		Ryan James Harms LLC	Name of Person			
		12541 Masters Ridge Dr	Firm/Company			
		Jacksonville, FL 32225	Address			
		ryanh@cbvfl.com	City/State and Zip Code			
For furth	er information c	E-mail address: (	to be used for future annual repo	ort notification)		
Ryan Ha		onecoming this matter, prease of	904 424-3. at ( )	311		
	Name o	f Person	Area Code I	Daytime Telephone Number		
Enclosed	l is a check for th	ne following amount:				
\$25.0	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed		
	Registra Divisio P.O. Bo	ING ADDRESS: ation Section n of Corporations ox 6327 ssee, FL 32314	Registration Division of C Clifton Build	Corporations		

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION
OF

Numa of the Limited		
(Name of the Limited	Liability Company as it now appears on ou Florida Limited Liability Company)	r records.)
(//	Prortua Emmed Elability Company)	
he Articles of Organization for this Limited Liab		and
orida document number	·	
is amendment is submitted to amend the follow	ring:	
. If amending name, <u>enter the new name of th</u>	he limited liability company here:	
e new name must be distinguishable and contain the word	ds "Limited Liability Company," the designation	on "LLC" or the abbreviation
nter new principal offices address, if applicab	le:	
rincipal office address MUST BE A STREET	ADDRESS)	
	<del></del>	
nter new mailing address, if applicable:	-	
	<u></u>	
nter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE BO</u>	<u></u>	
<u> 1ailing address MAY BE A POST OFFICE BO</u>		
In amending the registered agent and/or	registered office address on our i	records, enter the nam
Iailing address MAY BE A POST OFFICE BO	registered office address on our i	records, enter the nan
Iailing address MAY BE A POST OFFICE BO	registered office address on our i	records, <u>enter the nan</u>
If amending the registered agent and/or gistered agent and/or the new registered office Name of New Registered Agent:	registered office address on our i	records, enter the nam
Iailing address MAY BE A POST OFFICE BO  If amending the registered agent and/or gistered agent and/or the new registered office	registered office address on our i	
Aailing address MAY BE A POST OFFICE BO  If amending the registered agent and/or gistered agent and/or the new registered office  Name of New Registered Agent:	registered office address on our ree address here:	

New Registered Agent's Signature, if changing Registered Agent:

Ryan James Harms LLC

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comp provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this docu being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liabilit company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agen

<u> Fitle</u>	<u>Name</u>	<u>Address</u>	Type
AMBR	Ryan Harms	12541 Masters Ridge Dr Jacksonville, FL 32225	
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<b>fective date, if other tl</b> n effective date is listed, the oter. If the date inserted i	date must be specific an n this block does not i	d cannot be prior to meet the applicab	date of filing or more	(optiona than 90 days after filing equirements, this day	ig.) Pursuant to $\epsilon$
ument's effective date of	n the Department of l	State's records.			
record specifies a c he 90th day after t	elayed effective of the record is filed.	date, but not a	an effective tim	e, at 12:01 a.m	on the ear
9/19 ed		2019			
			·		
	(An	~~~			
	Signature of a	member or authoriz	ed representative of	a member	
Ryan Harms					
		Typed or printed i	name of signee		1
					1

Page 3 of 3

Filing Fee: \$25.00