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Registration Section
Division of Corporations

Harborview MHC Properties, LLC UBJECT: Name of Limited Liability Company he enclosed Articles of Amendment and fee(s) are submitted for filing. lease return all correspondence concerning this matter to the following: Carol Ballard Name of Person Horton, Ballard & Pemerton, PLLC Firm/Company 735 Broad Street, Suite 306 Address Chattanooga, TN 37402 City/State and Zip Code cballard@whorton-law.com E-mail address: (to be used for future annual report notification) or further information concerning this matter, please call: arol Ballard 826-2645 Name of Person Daytime Telephone Number nclosed is a check for the following amount: □ \$60.00 Filing Fee, S25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & Certificate of Status & Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed) Mailing Address: Street Address: Registration Section Registration Section Division of Corporations **Division of Corporations** The Centre of Tallahassee P.O. Box 6327 Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company of A Florida Limited Liab	is it now appears on our ility Company)	records.)	
he Articles of Organization for this Limited Liability Company we lorida document number L20000047515	re filed on February 1	0, 2020	_ and assigned
his amendment is submitted to amend the following:			
If amending name, enter the new name of the limited liability	y company here:		
he new name must be distinguishable and contain the words "Limited Liability (Company," the designation	on "LLC" or the abbro	eviation "L.L.C."
nter new principal offices address, if applicable:	<u> </u>		
Principal office address MUST BE A STREET ADDRESS)			 2020 FEII
_			<u> </u>
			20
nter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)			= = = = = = = = = = = = = = = = = = =
. If amending the registered agent and/or registered office add zent and/or the new registered office address here:	ress on our records,	enter the name	of the new registere
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida stree	t address	
		, Florida	Zip Code
	City		Zip Code
w Registered Agent's Signature, if changing Registered Agent:			

nereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and cept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is ing filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability mpany has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

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

1GR = Manager .MBR = Authorized Member

<u>itle</u>	<u>Name</u>	Address	Type of Action
MBR	Frank Basadre	53 East Main Street, Suite H	
		Franklin, NC 28734	■Remove
			□Change
			□ Add
			□Remove
			Change
			□Add
			□Remove
			Change
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ective date, if other than the deffective date is listed, the date must be: If the date inserted in this blocument's effective date on the Dep	be specific and cannot be prior to the does not meet the applica	o date of filing or more than 90 ble statutory filing requirem	(optional) days after filing.) Pursuant to 605.020 ents, this date will not be listed a
cord specifies a delayed effective filed.	date, but not an effective tin	ne, at 12:01 a.m. on the earl	ier of: (b) The 90th day after the
February 19	2020		
		_ · ized representative of a membe	
	ignature of a mamber or author	and representative of a memb.	
S	ignature of a member or author	ized representative of a member	टा