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COVER LETTER

TO: Registration Section Division of Corporation	ns
SUBJECT: LATTY	Name of Limited Liability Company
The enclosed Articles of Amenda	nent and fee(s) are submitted for filing.
Please return all correspondence of	concerning this matter to the following:
	Vary Walsh Name of Person
	Lacry Walsh Development LUC Firm/Company
	14 Riker Ave Address
	City/State and Zip Code
<u>la</u> ,	E-mail address: No be used for future annual report notification)
For further information concerning	g this matter, please call:
Name of Person	at (C50) 460 - 4010 Area Code Daytime Telephone Number
Enclosed is a check for the follow	ing amount:
	0.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporat	ions Division of Corporations The Centre of Tallahassee

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limite	evelopment LC ed Liability Company as it now appears on our rec (A Florida Limited Liability Company)	cords.)
The Articles of Organization for this Limited Lia Florida document number <u>し2000004</u> 5	•	and assigned
This amendment is submitted to amend the follo	wing:	. ~
A. If amending name, <u>enter the new name of</u>	the limited liability company here:	2020 HAR
The new name must be distinguishable and contain the wo	ords "Limited Liability Company," the designation "f	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	ıble:	P
(Principal office address MUST BE A STREET	T ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE E	<u></u>	
B. If amending the registered agent and/or re agent and/or the new registered office address		ter the name of the new registered
Name of New Registered Agent:	Larry Walsh	· ····
New Registered Office Address:	M. Ki Kex Ave Enter Florida street add	dress
	Santa Rosa Beach,	Florida 32459 Zip Code

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.

If Changing Registered Agent, Signature of New Registered Agent

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
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