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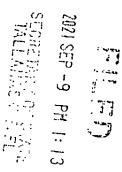
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#### **COVER LETTER**

Division of Corp	porations			
SUBJECT: FOR	ida Harbar Name of Lim	House LLC ited Liability Company		
	Amendment and fee(s) are sub	_		
	_	May Name of Person		
	Florida	Howber House, L	ic	
		Scate Dr Address	<del></del>	
	Safety	City/State and Zip Code  City/State and Zip Code  Cou Se Q gmail Co  to be used for future annual report notifie	<del>15</del>	
	Horidaharbar	house (a) gmail. Co	cation)	
For further information co	oncerning this matter, please ca	all;	2021 SECO TAL	•
What Manne of	Malley Person	at ( <u>22</u> <sup>1</sup> ) <u>542</u> - Area Code Daytime	O6Q 8 Telephone Number SST	-
Enclosed is a check for th	e following amount:		176) <u>— — — — — — — — — — — — — — — — — — —</u>	
☐ \$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:

TO:

**Registration Section** 

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

#### Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Florida Harbor	House, LLC	
(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on our records.) d Liability Company)	
The Articles of Organization for this Limited Liability Compar Florida document number — 2 0000 236803  This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited liability Comparation of the liability Comparation of the limited liability Comparation of the lia		and assigned
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LLC" or the a	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our records, enter the nai	me of the new registered
Name of New Registered Agent:		9
New Registered Office Address:	Enter Florida street address , Florida	SS CONTRACTOR OF THE CONTRACTO
	City	1 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 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
AMBR	Michael Johnson		
		704 E.Gate Dr., Safety Hurbor, FL	ZRemove
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: \_\_\_\_\_\_ (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.