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Y. SCOTT FEB - 9 2022

## COVER LETTER

	istration Sec sion of Corp					
	Harrison De	ck & Dock, LLC	,			
SUBJECT:	<del></del>	Name of Lim				
The enclosed	Articles of A	Amendment and fee(s) are sub	mitted for filing.			
		ndence concerning this matter	<del>-</del>			
		Dina Hampton				
			Name of Person			
		Elite Office Services of Of	reechobee, LLC	Çr. {	202	
			Firm/Company		2022 JAN	***************************************
		1210 SW 2nd Ave		25	N 28	Crack Crack
		<del></del>	Address	SC OF	PH	P
		Okeechobee, FL 34974		E FIA	ယ္	
			City/State and Zip Code	<del> </del>	$\overline{\omega}$	
		dina@eliteofficeserviceslle.  E-mail address: (	com to be used for future annual report notif	ication)		
For further in	formation co	oncerning this matter, please ca	all:			
Dina Hampto	חפ		863 467-5900 at ( )			
Name of Person		Person		Telephone Number		
Enclosed is a	check for the	e following amount:				
<b>■</b> \$25.00 Fi	iling Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Sectificate of Certificate Contact Con	f Status & py	
Mailing Address: Registration Section Division of Corporations P.O. Box 6327		ection orporations	Street Address: Registration Sec Division of Corp The Centre of Ta	porations		
Tall	ahassee, F	L 32314	2415 N. Monroe Tallahassee, FL	Street, Suite 810 32303		

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability C (A Florida Lin	Company as it now appears on our remitted Liability Company)	cords.)
The Articles of Organization for this Limited Liability Com Florida document number 1.20000303316	npany were filed on 4/7/2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	
Harrison Deck & Woodwork, LLC		
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		22 J
(Principal office address MUST BE A STREET ADDRES	<u></u>	N AND
		S 00
		EE'S PH
Enter new mailing address, if applicable:		A Si Si
(Mailing address MAY BE A POST OFFICE BOX)		- ω
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	ffice address on our records, <u>er</u>	iter the name of the new reg
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street aa	ldress
		, Florida
	City	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 being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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ffective date, if other than the date of	filing: 1/25/22		(optional)	
an effective date is listed, the date must be speci- <b>Note:</b> If the date inserted in this block does locument's effective date on the Departmen	fic and cannot be prior to do not meet the applicable	late of filing or more that e statutory filing requ	n 90 days after filing.) Pursuant to 60	5.0207 ited as
record specifies a delayed effective date, but is filed.	ut not an effective time.	, at 12:01 a.m. on the	earlier of: (b) The 90th day afte	er the
January 25th	2022			
	1/4			
Signature	e of a prember or authorize	ed representative of a m	ember	

Typed or printed name of signee