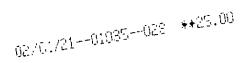
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PICK-UP	WAIT	MAIL
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(Doc	ument Number)
Certified Copies	Certificate	s of Status
Special Instructions to F	iling Officer:	
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Office Use Only

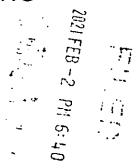


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MAR 1 8 2021

S. YOUNG



COVER LETTER

Division of Cor			
SUBJECT:	R. Har S Name of Limi	struction LLC ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are subt	mitted for filing.	
Please return all correspo	ndence concerning this matter (to the following:	
	Demanit	RobinSom Name of Person	
	D. R. Ha	Firm Company	<u>, </u>
	1233 45	th Street A	2
	West Palr	M Beach FL City State and Zip Code	33407
	Mid Way Cut	7 GOMGIL CO	ication)
For further information e	oncerning this matter, please co	ill:	
Demanil	· KODINSON_	at (<u>501)</u> 3 73 Area Code Daytime	\$\forall 7\\ Telephone Number
Enclosed is a check for th	ne following amount:		
₹9 \$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: 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

(Name of the Limited Liability	Company as it now appears on our records.)
The Articles of Organization for this Limited Liability Con Florida document number <u>LZ000031408</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limite	mpany were filed on 10/08/2070 and assigned
The new name must be distinguishable and contain the words "Limite Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRE	ed Liability Company," the designation "LLC" or the abbreviation "L.L.C." ESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered eagent and/or the new registered office address here:	office address on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	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
MGR	Demani L'Robinson	1 55111 Maniship Dr Cheinaers 5	25463 Add
			□Remove
	ر	5511 Manthy Dr.	□Change
<u>AMBR</u>	DemaniaRobinson	5511 Manstrip Dr. Grandors FL, 33463	íAdd
			□Remove
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<u>ote:</u> If the di	ate inserted in thi	is block does no	or meet the appli	cable statutory fi	ling requirements	, this date will not	be listed as
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is filed.	*						•
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