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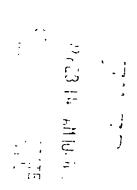
(Requestor's Nam	ne)
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PICK-UP WAIT	MAIL
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Special Instructions to Filing Officer: Q. SILAS	
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Office Use Only



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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Div	rision of Cor	rporations		•
SUBJECT:	Hargis Adj	usting LLC		,
			mited Liability Company	
The enclosed	Articles of	Amendment and fee(s) are su	bmitted for filing.	
Please return	all correspo	ondence concerning this matte	r to the following:	
		Ç		
		Kacla Hargis		
			Name of Person	
		Hargis Adjusting LLC		
			Firm/Company	
		304 Palmetto Avenue		
			Address	
		F WORLD		
		Freeport FLORIDA 32439		
		kaela.hargis5@gmaił.com	City/State and Zip Code	
			to be used for future annual repo	ort notification)
For further in	formation cc	oncerning this matter, please c	-	,
Kacla Hargis				
	Name of	Darcon	850 635510 at ()	
	:vaine of	r Cison	Area Code D	Paytime Telephone Number
		e following amount:		
□ \$25,00 Fj	ling Fee	■ \$30,00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	ng Address:		Street Addre	
	stration Se sion of Co	retion rporations	Registration	
	Box 6327			Corporations of Tallahassee

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

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION-1.3. **OF**

Hargis Adjusting

" I3 14 AMO: L (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 10/26/2020 _____ and assigned Florida document number <u>1.2000338842</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Hargis Consulting & Services LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Remove
			□Change
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ffective date, if other than the an effective date is listed, the date moves. If the date inserted in this becoment's effective date on the I	e date of filing: ist be specific and cann lock does not meet i	ot be prior to da the applicable	te of filing or more the statutory filing requ	(optional on 90 days after fiting airements, this date	
record specifies a delayed effecti Lis filed.	e date, but not an e	ffective time, a	at 12:01 a.m. on the	earlier of: (b) T	he 90th day after the
ated	20	222			
ated		·			
Haele	Signature of a member	et or authorized	Francisco		

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