K21000076599

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



200361085282

03/02/21--01022--004 *+30.00



COVER LETTER

TO: Registration Se Division of Cor					
SUBJECT:	They UNFil Name of Line	Harred Ampa (R)	LLC		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	dame	Name of Person	source LLC		
	1528 5	Firm/Company St Apt 17 Address	Sacre Lec		
	- Harres News	City/State and Zip Code Obe used for future annual report notion	demail com		
For further information e	oncerning this matter, please c	- ^	Mari		
Name o	f Person	at $(787) - 578$ Area Code Daytime	e Telephone Number		
Enclosed is a check for the	ne following amount:		***		
□ \$25.00 Filing Fee	D\$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 & radditional copy is exclosed)		
Mailing Addres Registration S Division of C P.O. Box 632	Section Corporations 17	Street Address: Registration Sec Division of Cor The Centre of T	porations allahassee		
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited L	iability Compa Torida Limited I	ny as it now appears	Son our records.)	
The Articles of Organization for this Limited Liabil	lity Company	were filed on <u></u>	2/15/21	and assigned
Florida document number <u>L 21000 7659</u>	19			
This amendment is submitted to amend the following	ng:			
A. If amending name, enter the new name of the	e limited liabi	ility company her	<u>re</u> :	
The new name must be distinguishable and contain the words	"Limited Liabil	ity Company " the de	signation "LLC" or the ab	breviation "L.I.C."
The new hame must be distinguishable and contain the winds	Zimica Giaon	ny company. The de	signation title of the ab	merianon inches
Enter new principal offices address, if applicable	e:	MA		
(Principal office address MUST BE A STREET A	DDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO) B. If amending the registered agent and/or regis agent and/or the new registered office address he	stered office a	address on our re	cords, enter the nam	A D
			<u>.</u>	. œ
Name of New Registered Agent:			<u> </u>	<u> </u>
New Registered Office Address:		Enter Flori	da street address	
	MIR	m	Florida <u>さ</u>	3135
_		City		Zıp 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>	Address	Type of Action	
AMBR	Lames Antron Kry	1528 SW 55+ Apt 15 Miame, FL WAN		
	J	33135	□Remove	
			□ Change	
MGR	Layerdu Kry	1528 SW5tst, Apr 15 Minm	E. FL RIVIU	
		33:35	□Remove	
			□Change	
			□Add	
			Remove HAR Change	
				
		3+	W □Remove	
			□ Change	
			□Add	
			Remove	
			□ Change	
			□Add	
			□Remove	
			□ Change	

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 90 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. record is filed.

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

Dated Fe bruary Signature of a member or authorized representative of a member