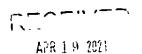
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| (Re                       | questor's Name)   |             |
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| <b>\</b>                  | · · · <b>,</b>    | ,           |
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| Certified Copies          | Certificates      | s of Status |
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| Special Instructions to I | Filing Officer:   |             |
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Office Use Only



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21 AFR 19 AMII: 44

## CUVERLETTER

| TO: Registration Section Division of Corpora |   |   |  |
|--|---|---|--|
| SUBJECT:                                     | itustie   | Harry LLC.  |  |
| v  | Name of Limit                                   | ed Liability Company  |  |
|  |   |   |  |
| The enclosed Articles of Am                  | endment and fee(s) are subm                     | nitted for filing.  |  |
| Please return all corresponde                | nce concerning this matter to                   | o the following:  |  |
|  | Chai  | d Fabrikant Name of Person  | <del></del>  |
|  | TFC   | Marleting<br>Firm/Company   |  |
| _  | 3050  | Biscayne Bluc   | d. *504  |
|  | <u>Miami</u>                                    | FL 33137<br>City/State and Zip Code                                 | <u>.                                    </u>   |
| -  | E-mail address: (to                             | be used for future annual report notifi                             | ication)   |
| For further information conc                 | erning this matter, please ca                   | 11:   |  |
| Jeffrey To<br>Name of Pe                     | ai+<br>rson                                     | at (954) 439<br>Area Code Daytime                                   | OG7 9 Telephone Number   |
| Enclosed is a check for the f                | ollowing amount:                                |   |  |
| \$25.00 Filing Fee                           | □ \$30.00 Filing Fee &<br>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) |
| <u>Mailing Address:</u><br>Registration Sec  | rtion   | Street Address:<br>Registration Sec                                 | ction  |
| Division of Cor                              |   | Division of Cor   | porations  |
| P.O. Box 6327                                |   | The Centre of T   | allahassee   |

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 ·

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF

| (Name of the Limited Liability Compa<br>(A Florida Limited L   | ny as it now as                            | opears on or            | 21 APR<br>ar records.)        | 19 AMII: 44  |
|--|--|-------------------------|-------------------------------|--|
| The Articles of Organization for this Limited Liability Company  | were filed or                              | n Marc                  | n 14, 2                       | and assigned   |
| Florida document number <u>L21 000 121395</u>  |  |                         |                               |  |
| This amendment is submitted to amend the following:  |  |                         |                               |  |
| A. If amending name, enter the new name of the limited liab  | ility compar                               | y here:                 |                               |  |
| The new name must be distinguishable and contain the words "Limited Liabil   | ity Company,"                              | the designat            | tion "LLC" or                 | the abbreviation "L.L.C."                            |
| Enter new principal offices address, if applicable:  |  |                         |                               | <del>.</del>   |
| (Principal office address MUST BE A STREET ADDRESS)  |  | -                       |                               |  |
|  |  | <del>-::</del>          |                               |  |
| Enter new mailing address, if applicable:  |  |                         |                               |  |
| (Mailing address MAY BE A POST OFFICE BOX)   |  |                         |                               |  |
| <del></del>  |  |                         |                               |  |
| B. If amending the registered agent and/or registered office agent and/or the new registered office address here:  | address on o                               | our record              | s, <u>enter the</u>           | name of the new registere                            |
| Name of New Registered Agent:  |  |                         |                               |  |
| New Registered Office Address:   |  |                         |                               | , <u> </u>   |
|  | Ente                                       | er Florida str          | eet address                   |  |
|  | City                                       |                         | , Flori                       | da   |
| New Registered Agent's Signature, if changing Registered Agent:  | •  |                         |                               | zy cou   |
| I hereby accept the appointment as registered agent and agr<br>provisions of all statutes relative to the proper and complete<br>accept the obligations of my position as registered agent as<br>being filed to merely reflect a change in the registered office<br>company has been notified in writing of this change. | ree to act in<br>performan<br>provided for | ce of my a<br>r in Chap | huties, and .<br>ter 605, F.S | I am familiar with and<br>S. Or, if this document is |

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 = Ma $AMBR = Aa$ | anager<br>uthorized Member | TARLE OF STATE<br>TO CHOOSE A CORRECT AND |                |
|----------------------|----------------------------|---|----------------|
| <u>Title</u>         | Name                       | Address 21 APR 19 AMII: 44                | Type of Action |
| MGR                  | Code One UC                | 19925 NE 39th PI                          | XAdd           |
|                      |                            | Aventura, FL 33180                        | □Remove        |
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| ective date, if other than the date of filing:  ective date is listed, the date must be specific and cannot be prior to date of filing.  If the date inserted in this block does not meet the applicable statutory tent's effective date on the Department of State's records. | (optional) g or more than 90 days after filing.) Pursuant to 60 filing requirements, this date will not be lis |
| AND D 0.111111 A BMA ON HIS SEPARATION OF BRIDE T 11111111   |  |
| d specifies a delayed effective date, but not an effective time, at 12:01 led.   | a.m. on the earlier of: (b) The 90th day after   |
| April 14 , 2021.   |  |
|  |  |
| Signature of a member or authorized represen   | ntative of a member  |