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Y. SCOTT FEB - 5 2022

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: GREG HARIC HOLDINGS, LCC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
GREG HARK Name of Person
SREG HARK HOLDINGS, LIC Firm/Company
5248 COPPERLEAF CIRCLE.
DELRAY BEACH, FL 33484  City/State and Zip Code  Greg & Greg hark, Com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
GREG H-ARIC at (305) 773-3334  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$\frac{1}{2}\$\$\fra

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 Compar (A Florida Limited L	HOLDINGS, L	<u>LC</u>
( <u>Name of the Limited Liability Compar</u> (A Florida Limited L	ny as it now appears on our records.) Dability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L21000216563</u>	were filed on <u>5/16/202</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi		
GREG HARK, LC	C	11 11 10 10 10 10 10 10 10 10 10 10 10 1
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "LEC" or th	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	NA	SECRETAL SECRETA
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NIA	28 PH 3: 12
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	nddress on our records, <u>enter the n</u>	name of the new registered
Name of New Registered Agent:	NIA	
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 amiending 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 Title Address Type of Action Name \_\_\_\_ \_\_\_ \_\_\_ DAdd \_\_\_\_\_ □Remove \_\_\_\_\_ □Change \_\_\_\_\_ 🗀 Add □Remove 2 □ Change □Remove \_\_\_\_\_ □Change □Add \_\_\_\_\_ □Remove

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an effective date is listed, t	than the date of filing:	not be prior to date of the applicable state	202Z filing or more than 90 of story filing requirem	<b>(optional)</b> days after filing.) Pursu ents. this date will no	ant to 605.03 of be listed
d is filed.	ed effective date, but not an e				day after t
Dated	123/2022 My Hall Signature of a mem				
	My Hal		- taking of a memb	OF.	

Filing Fee: \$25.00