L21000258296

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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT. H. J.	M. 1 C. 11	110	
SUBJECT: TIGEMAZS	Name of Lim	ited Liability Company	
	Name of Limited Liability Company Articles of Amendment and feets) are submitted for filing. Ill correspondence concerning this matter to the following: Concer Islan Name of Person Hark 1985 Mab 1		
The enclosed Articles of	Amendment and feets) are sub	omitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Conner Notes		
		Name of Person	
		Address	
	H.11:42 FL 320	94 6	
	lı o	City/State and Zip Code	
	Harknesseum II (W) E-mail address:	to be used for future annual report not	ification)
For further information co			
		. Had a distance	7.57
Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for th	ne following amount:		
\$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
Mailing Addres		Street Address:	
Registration S Division of C		Registration Se Division of Co	
P.O. Box 632	7	The Centre of	l'allahassee
Tallahassee, I	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Hadhnes Mob. 1 Sa (Name of the Limi	ted Liability Comp (A Florida Limited	C. pany as it now appears of Hisbility Company)	on our records.)
The Articles of Organization for this Limited L	iability Compan	y were tiled on	ne 03 707/ and assigned
Florida document number <u>L71000258296</u>	 _		
This amendment is submitted to amend the foll	owing:		
A. If amending name, enter the new name o	f the limited lia	bility company here	;
Harkness Monde Saumill L.C. The new name must be distinguishable and contain the v	. C		
The new name must be distinguishable and contain the v	vords "Limited Liab	bility Company," the desi	gnation "LLC" or the abbreviation "LLLC."
Enter new principal offices address, if applic	able:	NIA	
(Principal office <u>address MUST BE A STREE</u>	ET ADDRESS)		
		-	
Enter new mailing address, if applicable:		Ald	
(Mailing address MAY BE A POST OFFICE	BOX)		
B. If amending the registered agent and/or agent and/or the new registered office addre		e address on our reco	ords, enter the name of the new registered
Name of New Registered Agent:			
New Registered Office Address:	<u>48626</u>	Crawfod La Enter Florida	street address
	Hillie/E		Florida 32546
		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>	Name	Address	Type of Action
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			□Remove
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ocument's effec	tive date on th	ne Departmer	nt of State's	records.	Statutory Inn	<u>regarement</u>		AIII HOL OC II.	ica as me
record specifies	a delayed effe	ective date, b	ut not an eff	ective time.	at 12:01 a.m.	on the earlier	of: (b) Th	e 90th day aft	er the
d is filed.									
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natad A. I.				<u>*-</u> '					
Dated Avg 1									
Dated Aug L	6/								
Dated <u>Aug 1</u>	enn)		e of a membe	r or authorize	d representative	of a member			

Filing Fee: \$25.00