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(Requestor's Name)
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COVER LETTER

SUBJECT:	Name of Lin	nited Liability Company	_	•	
The enclosed Articles of	Amendment and fce(s) are sub	omitted for filing.			
Please return all correspondent	ondence concerning this matter	to the following:			1
	Jeffrey T. Harmison				
		Name of Person			
		Firm/Company			
	11307 N. Hickory Woods	Ct.			i
		Address	- -		
	Dunlap, IL 61525			2021 S]
	jharmison3@gmail.com	City/State and Zip Code		SEP 24	3 ¥ 44.854 154
	E-mail address: (to be used for future annual report not	ification)		
For further information of	concerning this matter, please c	all:			
Theresa Knower		239 333-4910 at ()		급급 용	1
Name o	of Person	Area Code Daytin	ne Telephone Number		
Enclosed is a check for t	he following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fce & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &	

TO:

Registration Section **Division of Corporations**

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**

Jeffrey Harmison Real Estate Holdings,					
(<u>Name of the Limited Li</u> (A F	iability Compa lorida Limited I	ny as it now appears on our record Liability Company)	<u>s.</u>)		
The Articles of Organization for this Limited Liabili	ity Company	were filed on 7/22/2021		and as	signed
lorida document number L21000333999					
his amendment is submitted to amend the followin	ıg:				
. If amending name, enter the new name of the	limited liab	ility company here:			
he new name must be distinguishable and contain the words	"Limited Liabi	lity Company," the designation "LLC"	or the abbrev	iation "L	L.C."
inter new principal offices address, if applicable	9447 Discovery Terrace #101A				
Principal office address MUST BE A STREET ADDRESS)		Bradenton, FL 34212		202	
-				SE	T
nter new mailing address, if applicable:		11307 N. Hickory Woods Ct.	AHAS.	24 /	7 (12) 1-1-1-1-1 1 1 (12)
Mailing address MAY BE A POST OFFICE BOX	Ω	Dunlap, IL 61525	ا ي د ا	i k	1123
				<u>မ</u> မ	
3. If amending the registered agent and/or regist gent and/or the new registered office address he	ere:		the name of	f the ne	w regi
Name of New Registered Agent:	Jeffrey T. Harmison				
New Registered Office Address: 94	447 Discovery	Terrace #101A			
		Enter Florida street address			
Bu	radenton	, Flo	rida <u>34212</u>		
		City	2	Zip Code	

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
MGR	1031 Reverse Exchange Company,	1520 Royal Palm Sq. Blvd. #320	
		Fort Myers, FL 33919	≣Remove
			Change
MGR	Jeffrey T. Harmison	11307 N. Hickory Woods Ct.	= Add
		Dunlap, IL 61525	□Remove
			2020Change SECTION
			LitAdd
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	er than the date of f	c and cannot be prior t not meet the applica	o date of filing or moble statutory filing	(option ore than 90 days after for requirements, this	iling.) Pursua	nt to 605 t be list	5.0207 ed as
in effective date is listed ote: If the date insert	ate on the Department						
un effective date is listed ote: If the date insert cument's effective da	ate on the Department		ne, at 12:01 a.m. o	n the earlier of: (b)	The 90th	day afte	r the
on effective date is listed ofte: If the date insert cument's effective detective dete	ate on the Department	t not an effective tin		n the earlier of: (b)	The 90th o	day afte	r the