## KZI 000430235

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## **COVER LETTER**

TO:

Registration Section
Division of Corporations

Tallahassee, FL 32314

J Harp, L.L.	C			
SUBJECT:				
	Name of Lin	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Joshua A. Danford			
		Name of Person		
	J Harp, LLC			
,.	<del>-</del>	Firm/Company		
	86831 Riverwood Dr	r init company		
		Address		
	Vulce, FL 32097			
		City/State and Zip Code	<del></del>	
	Joshua_danford@yahoo.co	•		
	E-mail address: (	to be used for future annual report noti	fication)	
For further information o	oncerning this matter, please c	all:		
Joshua Danford	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	985 703-0443		
		at ()		
Name o	d Person	at () Area Code Daytime Telephone Number		
Enclosed is a check for the	<del>-</del>			
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fec. Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Address: Registration Section		Street Address: Registration Section		
Division of Corporations		Division of Corporations		
P.O. Box 632		The Centre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

J Harp		
( <u>Name of the Limited Liability Co</u> (A Florida Lin	Company as it now appears on our records.) nuted Liability Company)	
The Articles of Organization for this Limited Liability Comp	pany were filed on	and assigned
Florida document number 421000430235		-
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	l liability company here:	
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRES	<u> </u>	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office address here:	fice address on our records, enter the	name of the new registers
Name of New Registered Agent:		Ψ,
New Registered Office Address:		
Non Registered Office Address.	Enter Florida street address	
	, Florid	a
	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 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>	<u>Address</u>	Type of Action
AMBR	Joshua A Danford	86831 Riverwood Dr.	
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		Yulee, FL 32097	
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ective date, if other than the date of filing:  effective date is listed, the date must be specific and cannot be pri te: If the date inserted in this block does not meet the appl ument's effective date on the Department of State's record	licable statutory fi		er filing.) Pursuan	
cord specifies a delayed effective date, but not an effective s filed.	e time, at 12:01 a.i	n, on the earlier of: (	b) The 90th d	ay after tl
ed <u>05.0c to BER</u> , <u>202</u>				
Signature of a member or aut				