# 121000471208

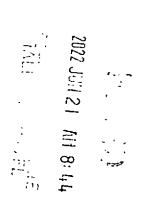
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## **COVER LETTER**

TO: Registration Sect Division of Corpo			
. 1	•	v v	
SUBJECT: HARI	JEST CREAT	TON LIC.	·
	Name of Limi	ited Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspond	dence concerning this matter	to the following:	
	Ryan	Wilson Name of Person	
	Harvest Crea	Firm/Company	
	3425 SW Sa.	n Benito St Address	
	Port St L	City/State and Zip Code	<u> </u>
	E-mail address: (1	vestereation, org	ication)
For further information cor	neerning this mafter, please co	all:	1017
Kyan at I	MISON	at $(50)$ $40-9$	Telephone Number
Name of I	CISOI	Tued Code Bayanne	, receptione remoci
Enclosed is a check for the	following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & 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)
Mailing Address:		Street Address:	

TO:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

2022 JUH 2 F Name of the Limited Liability Company as it now appears on our records, (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on Florida document number 221000471208 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited 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 ADDRESS) 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 on our records, enter the name of the new registere agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address City

### 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
AMBR	Tory Millican	205 westbrook IN Mcmimville, TN 37110	<b>X</b> Add
			□Remove
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		□Add	
			□Remove
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			□Remove
			□Change

	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)
<u></u>	
lf an effect <u>Note:</u> If	date, if other than the date of filing:
e record s rd is tiled	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	June 14th 2022.
	Signature of a member or authorized representative of a member
	2 211-
	Typed or printed name of signee