L21000483812

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TO:

Registration Section
Division of Corporations

ZHARY'S SUBJECT:	TRUCKING COMPANY, LL	С	
SOBJECT.	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Joseph H. Antoine		
		Name of Person	
	ZHARY'S TRUCKING C	OMPANY, LLC	
		Firm/Company	
	6113 Burhley Ct.		
		Address	
	Orlando, Florida 32809		
		City/State and Zip Code	
	josephharryantoine@gmail.		
	E-mail address: (to be used for future annual report not	ification)
For further information of	concerning this matter, please co	all:	
Joseph H. Antoine		407 914-3754	
Name o	of Person	at () Area Code Daytin	ne Telephone Number
Enclosed is a check for t	he 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 Registration S Division of C P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration Se Division of Co The Centre of 2415 N. Monro	rporations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ZHARY'S TRUCKING COMPANY, LLC		
(<u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our recor imited Liability Company)	<u>ds.</u>)
The Articles of Organization for this Limited Liability Cor	mpany were filed on 11/09/2021	and assigned
Plorida document number L21000483812		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limite	ed liability company here:	
HARY'S EMPORIUM, LLC		
he new name must be distinguishable and contain the words "Limite	d Liability Company," the designation "LL	
Inter new principal offices address, if applicable:		:- 5
Principal office address MUST BE A STREET ADDRE	(22)	
THE COLUMN TO ST DE ASTREET ADDRES	<u> </u>	
	<u> </u>	<u> </u>
		\$ 15 G
inter new mailing address, if applicable:		(4)
Mailing address MAY BE A POST OFFICE BOX)		
s. If amending the registered agent and/or registered of gent and/or the new registered office address here:	office address on our records, <u>ente</u>	r the name of the new regist
Name of New Registered Agent:		
New Registered Office Address:		<u></u>
	Enter Florida street addre	ess
	, F	lorida
	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	Membe

<u>Title</u>	<u>Name</u>	Address	Type of Action
			🗆 Add
			□Remove
			□ Change
			□Add
			□Remove
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ctive date, if other than the c			(optional)
			90 days after filing.) Pursuant to 605, rements, this date will not be liste
ment's effective date on the Dep	partment of State's records.		
and energifies a delayed effective	date, but not an effective ti	ne at 12:01 a.m. on the e	arlier of: (b) The 90th day after
filed.	and, out not an effective th	ne, at 12.01 a.m. on the	arrier (ii. (b) The your day after
September 3rd	2024		
d	7 ,	<u></u> .	
X L 121/			
· — Aller	ignature of a member or autho	rized representative of a me	mber

Typed or printed name of signee