

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

L2200002430853

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.
Account Number : 110432003053
Phone : (561)694-8107
Fax Number : (561)214-8442

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
HARBOUR CAPITAL PARTNERS LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
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2022 JUL 18 PM 1:12

2022 JUL 18 PM 1:00

APPROVED
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Electronic Filing Menu

Corporate Filing Menu

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JUL 19 2022

K. Brumley

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

HARBOUR CAPITAL PARTNERS LLC

(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 01/07/2022 and assigned
Florida document number L22000006868.

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 registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida street address

Florida

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

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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>	<u>Type of Action</u>
MGR	Eleanor Berbeck	C/O Adam Petrillo	<input type="checkbox"/> Add
		172 Camden Drive	<input checked="" type="checkbox"/> Remove
		Bal Harbour, FL 33154	<input type="checkbox"/> Change
MGR	Josh Gould	C/O Adam Petrillo	<input checked="" type="checkbox"/> Add
		172 Camden Drive	<input type="checkbox"/> Remove
		Bal Harbour, FL 33154	<input type="checkbox"/> Change
MGR	Ed Gould	C/O Adam Petrillo	<input checked="" type="checkbox"/> Add
		172 Camden Drive	<input type="checkbox"/> Remove
		Bal Harbour, FL 33154	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

2022

_____ 2022 _____

Signature of a member or authorized representative of a member

Adam Petrillo, Manager

Typed or printed name of signee

Filing Fee: \$25.00