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| (Requestor's Name) |
| (Address) |
| (Address) |
| (idaless) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
| Pick-UP |
| Pick - UP 0n 4/22/22 |
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Office Use Only



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DIVISION OF CORPORATION TALLAHASSEE, FLORID

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COVER LETTER

P.O. Box 6327

Tallahassee, FL 32314

| TO: Registration Section Division of Corporations |
|--|
| SUBJECT: Harris logistics (CC) Name of Limited Liability Company |
| Name of Limited Liability Company |
| |
| The enclosed Articles of Amendment and fee(s) are submitted for filling. |
| Please return all correspondence concerning this matter to the following: |
| Name of Person Harris Osistes Seeries LCC Firm/Company |
| 12-11 WThr st. C155 |
| City/State and Zip Code |
| E-mail address: No be used for future annual report notification) |
| For further information concerning this matter, please call: |
| Name of Person at (\$77) 875750 Area Code Daytime Telephone Number |
| Enclosed is a check for the following amount: S25.00 Filing Fee S30.00 Filing Fee & S55.00 Filing Fee & Certificate of Status |
| Mailing Address: Registration Section Division of Corporations 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

FILED

| • | ~ " |
|---|---|
| | apany as it now appears on our records. In the state of |
| The Articles of Organization for this Limited Liability Compar | ny were filed on 1 - Dry - 323, and assigned |
| Florida document number 1.22000 100 8576 | |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited li | ability company here: |
| The new name must be distinguishable and contain the words "Limited Lia | ability 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: | |
| (Muiling address MAY BE A POST OFFICE BOX) | |
| agent and/or the new registered office address here: | w.Therpe A CI |
| T.1) /2 | Entel Florida street address City Florida 32303 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

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

| Title | Name 1 | Address | Type of Action |
|--------------|----------------|---|------------------|
| M612 | Yashica Allen | 1241 WThrope &. C15 | XIAdd |
| | | Tallanasce, FL 32303 | □Remove |
| | | | □Change |
| MOR | Shannan Harris | 1241 W. Therpe St CA Tallahose e, Fr. 3283 | <u>S</u> |
| | | Tallahosue, Fr. 32803 | <u>'</u> □Remove |
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| Note: | dive date, if other than the date of filing: [Sective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ment's effective date on the Department of State's records. |
| reco d is f | rd 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 iled. |
| Dated | Apr. 120 2022 |
| | |
| | |
| | Signature of a member or authorized representative of a member |

Filing Fee: \$25.00