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2022 MAR 18 PM 3:58 SECRETARY OF STATE

A. BUTLER APR 0 1 2022

COVER LETTER

	ation Sec 1 of Corp	tion orations			
GI/ SUBJECT:	MO AN	D HARRIS ENTERPRISES,	LLC		
3050EC1		Name of Lim	ited Liability Company	,	
The enclosed Art	icles of A	amendment and fee(s) are sub	mitted for filing.		
Please return all o	correspon	dence concerning this matter	to the following:		
		Raymond A. McLeod, Esq	uire		
			Name of Persor	1	
		McLeod Law Firm			
			Firm/Company	<u> </u>	
		48 E Main Street			
			Address		
		Apopka, Florida 32703			
			City/State and Zip C	Code	
		mwdlharris@aol.com	to be used for future an		
For further infort	nation co	ncerning this matter, please c		пиал терогі поінте	ation)
Raymond A. Mc	Leod		407 at (886-3300 ext 1	05
	Name of	Person	Area Code	Daytime [*]	relephone Number
Enclosed is a che	ck for the	e following amount:			
■ \$25.00 Filing	g Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Certified Cop (additional copy	у	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Registi	Address		Reg	et Address: gistration Sect vision of Corp	
P.O. B	ox 6327	7	The	Centre of Ta	llahassee
Tallah	assee, F	L 32314	241	5 N. Monroe	Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

GIAMO AND HARRIS ENTERPRISES. LLC

2022 MAR 18 PM 3: 58

(<u>Name of the Limited Liability C</u> (A Florida Lin	ompany as it now appears on our records.) nited Liability Company) SeCRE ARM OF STATE
	TALLAHASSEF, FI
The Articles of Organization for this Limited Liability Com	pany were filed on O2/28/2022 and assigned
Florida document number L22000104290	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	liability company here:
GIAIMO AND HARRIS ENTERPRISES, LLC	
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	(S)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered of agent and/or the new registered office address here: Name of New Registered Agent:	ffice address on our records, enter the name of the new registered
New Registered Office Address:	
	Enter Florida street address
	, Florida
	City Zip Code
New Registered Agent's Signature, if changing Registered A	<u>sgent:</u>
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and com- accept the obligations of my position as registered agen	d agree to act in this capacity. I further agree to comply with the aplete performance of my duties, and I am familiar with and

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>	<u>Name</u>	Address	Type of Action
			□Add
			Remove
			☐ Change
			□Add
			□ Remove
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tote: It the a	ate inserted in ti	us block does r	of meet the	applicable	statutory f	ling require	ments, this	date will no	be listed as
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f is filed.	ies a delayed eff	ective date, but	not an effec	nive time,	, at 12:01 a.:	m, on the ca	rlier of: (b)	The 90th c	lay after the
Dated March	15		2022						
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		Signature o	of a member o	or a d thorize	ed representa	live of a mem	ber		_ _
Ra	ymond A. McLe	od, Esquire		١					

Filing Fee: \$25.00