# LZZ 000106453

| (Requestor's Name)                      |
|---|
| (Address)                               |
| (Address)                               |
| (City/State/Zip/Phone #)                |
|   |
| (Business Entity Name)                  |
| (Document Number)                       |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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|   |
|   |
| Office Use Only                         |

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## COVER LETTER

#### TO: Registration Section Division of Corporations

Har-Ro Properties, LLC

SUBJECT:

Name of Limited Liability Company

The enclosed Articles of Amendment and feets) are submitted for filing.

Please return all correspondence concerning this matter to the following:

**Kevin Williams** 

Name of Person

Har-Ro Properties, LLC

Firm Company

1746 E Silver Star Road, Ste 690

Address

Ococe, FL, 34761

City/State and Zip Code

kwsenior1/g.ao1.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Enclosed is a check for the following amount:

S25.00 Filing Fee

□ \$30,00 Filing Fee & Certificate of Status S55.00 Filing Fee & Certified Copy radditional copy is enclosed) S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

<u>Mailing Address:</u> Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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

2022 JUL 25 PH 12 52

|   | 01   |                               |
|---|--|-------------------------------|
| Har-Ro Properties, LLC  |  |                               |
| -   | Company as it now appears on our records.)                             |                               |
| (A Florida L  | (company as a now appears on our reentor)<br>imited Liability Company) |                               |
| he Articles of Organization for this Limited Liability Cor  | mpany were filed on March 15, 2022                                     | and assigned                  |
| lorida document number 1.22000106453  |  |                               |
| his amendment is submitted to amend the following:  |  |                               |
| A. If amending name, <u>enter the new name of the limite</u>  | ed liability company here:   |                               |
| The new name must be distinguishable and contain the words "Limite  | ed Liability Company," the designation "LLC" of                        | r the abbreviation "L.L.C."   |
| Inter new principal offices address, if applicable:   |  |                               |
| Principal office address MUST BE A STREET ADDRE   | <u></u>  |                               |
|   |  |                               |
|   |  |                               |
| Inter new mailing address, if applicable:   |  |                               |
| Mailing address MAY BE A POST OFFICE BOX)   |  |                               |
|   |  |                               |
| B. If amending the registered agent and/or registered or agent and/or the new registered office address here: | office address on our records, <u>enter th</u>                         | <u>e name of the new regi</u> |
| Name of New Registered Agent:   |  |                               |
| New Registered Office Address:  | Enter Florida street address   |                               |
|   | • * <b>t</b>   |                               |
|   | , Fior   | ida<br>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           | Address                                    | Type of Action  |
|------------------|----------------|--|-----------------|
| MGR/AM <b>BR</b> | Kevin Williams |  | C.Add           |
|                  |                |  | C.Remove        |
|                  |                | 1407 N. Hart Blvd., Orlando, FL, 32818     | Change          |
| MGR              | Darrin Reagan  |  | 🖾 Add           |
|                  |                |  | Пселюче         |
|                  |                | 865 Simonton Rd., Lawrenceville, GA, 30045 | Change          |
|                  |                | <u></u>                                    | 🗌 Add           |
|                  |                |  | <b>CRem</b> ive |
|                  |                |  | Change          |
|                  |                |  | [] Add          |
|                  |                |  | Псельме         |
|                  |                |  | DChange         |
|                  |                |  | (TAdd           |
|                  |                |  | 🖸 Remove        |
|                  |                |  | Change          |
|                  |                |  | [] Judd         |
|                  |                |  |                 |
|                  |                |  | [] Change       |

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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If the record specifies a delayed effective date, but not an effective time, at \$2:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

| Dated July 22 |  |  |
|---------------|--|--|
|               | 2 AINA   |  |
|               | Signature of a member or authorized representative of a member |  |
| Kevin Wil     | liams  |  |
|               | Typed or printed name of signee                                |  |

Filing Fee: \$25.00