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A. BUTLETT
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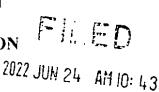
	Registration Se Division of Cor			
CHD ICC	Harbor 8 LI	.c		
SUBJEC	·	Name of Lim	ited Liability Company	
		Amendment and fee(s) are sub	_	
		Jeffrey M. Zitron, Esq.		
			Name of Person	
		Hendrick, Rascoe, Zitron &	& Long, LLC	
		 -	Firm/Company	
		3290 Northside Parkway, 1	NW, Suite 925	
		<u> </u>	Address	
		Atlanta, GA 30327		
			City/State and Zip Code	
		jnieland@hrzlfirm.com F-mail address: (to be used for future annual report notif	ication)
For furthe	r information co	oncerning this matter, please ca	•	
Joan P. N	icland		770 559-5589	
	Name of	Person	Area Code Daytime	: Telephone Number
Enclosed	is a check for th	e following amount:		
□ \$25.0	0 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 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 202

(A Florida Limited Liability Company)



Harbor 8 LLC

(Name of the Limited Liability Company as it now appears on our records)

The Articles of Organization for this Limited Liability Company were filed on May 4, 2022 Florida document number <u>L22000211242</u> 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." 2320 Massey Lane Enter new principal offices address, if applicable: Decatur, GA 30033 (Principal office address MUST BE A STREET ADDRESS) 2320 Massey Lane Enter new mailing address, if applicable: Decatur, GA 30033 (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: URS Agents, LLC Name of New Registered Agent: 3458 Lakeshore Drive New Registered Office Address: Enter Florida street address

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.

City

Tallahassee

URS Agents, LLC 3: (Ma // 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
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