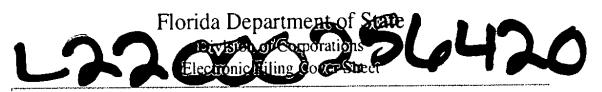
9 06/14/2022 1:15 PM 6/14/22, 4:13 PM



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 : (561)694-8107 Phone : (561)214-8442 Fax Number

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

Email	Address:		_
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN HARV HOLDINGS LLC

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$30.00

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Corporate Filing Menu

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JUN 15 2022

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HARV HOLDINGS LLC		
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.) nability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 06/09/2022	and assigned
Florida document number 1.22000256420		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	e following: In the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Applicable: IREET ADDRESS) d/or registered office address on our records, enter the name of the new registered address here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the ab	obreviation "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 a	address on our records, enter the nan	ne of the new registered
agent and/or the new registered office address here:		
		72 JI
Name of New Registered Agent:		
New Registered Office Address:	Enter Florido street address	
<u></u>		Zip Cople
	·	0

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 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

⊙ 06/14/2022 1:15 PM

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	TRICORP SERVICES LLC	10 Park Avenue, Suite 4J, New York, NY 10016	i □Add
			□Remove
			🖸 Change
			🗆 Add
			Remove
			□Change
			DAdd
			□Remove
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an effective dat ote: If the da	c, if other than the date of filing:	.020 ed a
record specifi	ies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after	r the
ated Ju	ne 14th 2022	
	Adley Perlins	
	Signature of a member or authorized representative of a member	
	Ashley Perkins, Attorney-in-Fact	
	Typed or printed name of signee	

Filing Fee: \$25.00