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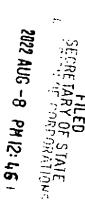
(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Special instructions to Filing Officer.
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Amen!

Office Use Only



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COVER LETTER

TO: Registration S Division of Co			
	HRREL CORN MAZE, LLC		·
SUBJECT:	Name of Li	mited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are su	bmitted for filing.	
Please return all corresp	ondence concerning this matte	r to the following:	
	CONNIE L AUSTIN CP.	4	
		Name of Person	
	HARMAN & PEASLEE,	P.A.	
		Firn/Company	
	303 N WARNELL ST		
		Address	
	PLANT CITY, FL 33563		
		City/State and Zip Code	
	CONNIE@CCHRP.COM		
	E-mail address:	(to be used for future annual report not	ification)
For further information of	concerning this matter, please o	all:	
CONNIE L AUSTIN CI	PA .	813 754-1713 at()	
Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Cl \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres		Street Address:	
Registration S Division of C		Registration Sec Division of Cor	
P.O. Box 632	-	The Centre of T	•
Tallahassee I	32314		e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

i <u>any as it now appears on ou</u> Liability Company)	r records.)
y were filed on <u>07/14/202</u>	2 and assigned
bility company here:	
ility Company," the designation	on "LLC" or the abbreviation "L.L.C."
	
	· ·
address on our records,	enter the name of the new registe
Enter Florida street	address
City	, Florida
1	Dility company here:

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	LISA STEWART	3048 THOROUGHBRED LOOP W	
		LAKELAND, FL 33811	■Remove
			□ Change
MGR	JAMES VARN	6151 VARN RD	∃ Add
		PLANT CITY, FL 33565	□Remove
			Change
			□Add
			□Remove
			☐ Change
	<u> </u>	**************************************	🗆 Add
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