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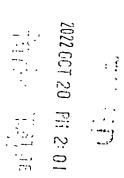
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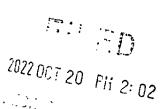
A. BUTLER
JAN 1 2 2023

## **COVER LETTER**

то:	Registration Se Division of Cor			
enn ir		restment, LLC		
SUBJE	CI:	Name of Lim	ited Liability Company	
The encl	losed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please re	eturn all correspo	indence concerning this matter	to the following:	
		Kevin D. Plotkin		
		<u></u>	Name of Person	<del></del>
		Plotkin Law Firm, P.A.		
			Firm/Company	
		2500 Hollywood Blvd., St	nite 202	
			Address	<del> </del>
		Hollywood, FL 33020		
			City/State and Zip Code	<del></del>
		kevin@plotkinlawfirmpa.co		
		E-mail address: (	to be used for future annual report not	ification)
For furth	her information c	oncerning this matter, please c	ali:	
Kevin P	Plotkin		954 541-9888 at ()	
	Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed	d is a check for th	ne following amount:		
<b>■ \$</b> 25	.00 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 Addres Registration S		<u>Street Address:</u> Registration Se	ection
	Division of C	orporations	Division of Co	rporations
	P.O. Box 632		The Centre of	
	Tallahassee, l	tl 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**



Harrick Investment, LLC

( <u>Name of the Limited Liz</u> (A Flo	ability Company as it now appears on our records.) orida Limited Liability Company)	r State
	ty Company were filed on September 27, 2022	and assigned
Florida document number L22000419565		
This amendment is submitted to amend the following	g:	
A. If amending name, enter the new name of the	limited liability company here:	
he new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:	<u> </u>	
Principal office address MUST BE A STREET AL	DDRESS)	
Enter new mailing address, if applicable:	<del></del>	<del></del>
Mailing address MAY BE A POST OFFICE BOX		
		_ <del></del>
3. If amending the registered agent and/or regist	ered office address on our records, enter the name	of the new regis
gent and/or the new registered office address he		
Name of New Registered Agent:	<del></del>	
New Registered Office Address:		
	Enter Florida street address	
	T1 11	
	, Florida	Zip Code

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	Fred Katz	1000 Island Blvd., Suite 2009	
		Aventura, FL 33160	■Remove
			□ Change
MGR	Fred Harrick	1000 Island Blvd., Suite 2009	<b>=</b> Add
		Aventura, FL 33160	□ Remove
			□ Change
			□Add
			□Remove
			🗖 Add
			□Remove
			Change
			□Remove
		<del> </del>	Change
			□Remove
			□Change

famen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	<del></del>
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fan effed Note: T	e date, if other than the date of filing:
l is file	
ated _	OCHLOT 17. 2022
	Signature of a member or authorized representative of a member
	Kevih Plotkh Typed or printed name of signer

Filing Fee: \$25.00