2/10/23, 12:41 PM

Division of Corporations



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(((H23000054435 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : I20010000062 : (323)962-8600 Fax Number : (323)389-0502

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

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN® THE HARVEY HOUSE LLC

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Corporate Filing Menu

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TO:

Registration Section

COVER LETTER

Division of Co	rporations					
	RVEY HOUSE LLC					
SUBJECT: Name of Limited Liability Company						
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please return all correspo	ondence concerning this matter	to the following:				
	Cheyenne Moseley					
		Name of Person				
	Legalzoom.com, Inc.					
		Firm/Company				
	101 N Brand Blvd 11th Fl	, ,				
		Address	<u> </u>			
	Glendale, CA 91203					
		City/State and Zip Code				
	theharveyhouse727@gmail	.com				
	E-mail address: (to be used for future annual report notifi-	cation)			
For further information of	concerning this matter, please co	all:				
Cheyenne Moseley		800 773-0888 a1 ()				
Name o	of Person	Area Code Daytime	Telephone Number			
Enclosed is a check for t	he following amount:					
\$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	■ \$55.00 Filing Fee & Certified Copy (additional cepy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy tadditional copy is enclosed)			
MAII.	ING ADDRESS:	STREET/COURIE	R ADDRESS:			

Registration Section Division of Corporations P.O. Box 6327

Tallahassec, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

From: Laura Rodriguez

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

THE HARVEY HOUSE LLC				
(Name of the Limited Clability Compa (A Florida Limited)	iny as it now appears on our records.) Liability Company)	· <u>-·</u>		
The Articles of Organization for this Limited Liability Company Florida document number L23000013294	were filed on 01/05/2023	and a	ssigned	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company here:			
The new name must be distinguishable and contain the words 'Limited Liabi	lity Company," the designation "LLC" or the ab	obreviation '	L.L C."	
Enter new principal offices address, if applicable:	6421 N. Florida Ave., D-1060			
(Principal office address MUST BE A STREET ADDRESS)	RESS) Tampa, Florida 33604			
Enter new mailing address, if applicable:	6421 N. Florida Ave., D-1060			
(Mailing address MAY BE A POST OFFICE BOX)	Tampa, Florida 33604			
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here. Name of New Registered Agent: New Registered Office Address:		the nam	e of the no	
		7		
	, Florida	Zip Cod	· 2	

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Chrisanna N Harvey		Add
		****	☐ Remove
		6421 N. Florida Ave., D-1060 Tampa, Florida 33604	■ Change
			
			☐ Remove
	•		☐ Change
			
			□ Remove
			Change
			□ Add
			□ Remove
			Change
			□ Псточе
			Change
			Add
			Remove
			□ Change

Typed or printed name of signee

Chrisanna N Harvey

Signature of a member or authorized representative of a member

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Filing Fee: \$25.00