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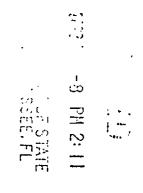
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R. HUNT O8/08/23

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Registration Section

Division of Corporations

TO:

Shatril Harris Name of Person Shatril For further information concerning this matter, please call: 1	
Please return all correspondence concerning this matter to the following: Shatril Harris	
Shatril Flarris Name of Person	
Name of Person Firm/Company 20520 NW 28th Avenue Address Miami Gardens, FL 33056 City/State and Zip Code shatrilharris@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Shatril Harris Name of Person	
Firm/Company 20520 NW 28th Avenue Address Miami Gardens, FL 33056 City/State and Zip Code shatrilharris@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Shatril Harris Name of Person Name of Person Area Code Daytime Telephone Number	
Address Miami Gardens, FL 33056 City/State and Zip Code shatrilharris@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Shatril Harris Name of Person Name of Person Address Daytime Telephone Number	
Address Miami Gardens, FL 33056 City/State and Zip Code shatrilharris@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Shatril Harris 305 778-0490 Name of Person Area Code Daytime Telephone Number	
Miami Gardens, FL 33056 City/State and Zip Code shatrilharris@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Shatril Harris at (ے ت
City/State and Zip Code shatrilharris@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Shatril Harris Name of Person Area Code Daytime Telephone Number	.) .,
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at ()	=
Enclosed is a check for the following amount:	
■ \$25.00 Filing Fee Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) \$60.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	tus &
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee FL 323142415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Humbled Hearts Recovery LLC			
(Name of the Limited Linbi (A Flori	ility Company as it now appears of da Limited Liability Company)	on our records.)	·=
The Articles of Organization for this Limited Liability	Company were filed on June.	30, 2023	_ and assigned
Florida document number <u>L23000314289</u>	·		
his amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	nited liability company here	<u>:</u>	
HOME FOR HUMBLED HEARTS, LLC			
The new name must be distinguishable and contain the words "Li	mited Liability Company," the desi	gnation "LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applicable:		<u> </u>	·
Principal office address MUST BE A STREET ADD	ORESS)	<u> </u>	- 50-
			-5 ; ; ;
		LL CO	2
Enter new mailing address, if applicable:		, FL	
Mailing address MAY BE A POST OFFICE BOX)			
-			
B. If amending the registered agent and/or register agent and/or the new registered office address here. Name of New Registered Agent:		ords, <u>enter the name o</u>	of the <u>new regi</u>
Name of New Registered Agent.			
New Registered Office Address:	Enter Floride	a street address	
		, Florida	
	City	, глунца	Zıp Code

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
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			□Remove
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fective date, if other than th	oo data of filing:		(optional)	
in effective date is listed, the date m	just be specific and cannot be prior	r to date of filing or mor	e than 90 days after filing.) F	Pursuant to 605,02
ote: If the date inserted in this becoment's effective date on the			requirements, this date w	iii not be listeu i
record specifies a delaye The 90th day after the re		ot an effective tir	ne, at 12:01 a.m. or	n the earlier
The soulday after the re	cora is mea.			
ated August 3	2023			
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Olar a inae) <u> </u>			
Shatrioge	Signature of a member or auth	orized conferentative o	f a member	····