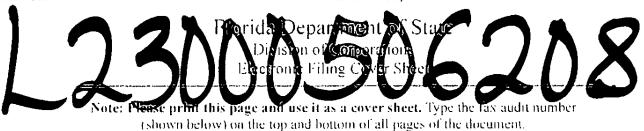
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Division of Corporations



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| | | Fax Number | : | (850)617-6383 |
|----------|-----------|--|------------|---|
| | From: | | | |
| | | Account Name | : | LEGALZOOM.COM INC. |
| | | Account Number | ; | 120018300062 |
| | | Phone | : | (323)952-8600 |
| | | Fax Number | : | (323)389-0502 |
| 00.0 | F& | he email addres al report maili l Address: | s . n į | for this business entity to be used for future gs. Enter only one email address please.** |
| <u> </u> | 11 555 FI | C AMND/RES | : T | ATE/CORRECT OR M/MG RESIGN |

Division of Corporations

HARRIS BUSINESSMEN ENTERPRISES LLC

| Certificate of Status | () |
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| Certified Copy | 1 |
| Page Count | 06 |
| Estimated Charge | \$55,00 |

M. SOLOMON MAR 1 8 2024

Flectronic Filing Menu — Corporate Filing Menu

To:

Help

| ; | | COVER LETTER | |
|--------------------------------------|--|---|---|
| TO: Registration S Division of Co | | | t |
| HARRIS I SUBJECT: | BUSINESSMEN ENTERPRISE | IS LLC | |
| SUBJECT: | Name of Lim | ited Liability Company | |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for fifing. | |
| Please return all correspo | ondence concerning this matter | to the following: | |
| | Cheyenne Mosoley | | |
| | | Name of Person | Marie Con Control Control |
| | Legalzoom.com, Inc. | | |
| | | Firm/Company | |
| | 101 N Brand Blvd 11th Fl | | |
| | | Address | |
| | Glendale, CA 91203 | | |
| | leeharri3@yahoo.com | City/State and Zip Code | |
| | li-mail address: (| to be used for future annual report notifi | cation) |
| For further information of | concerning this matter, please c | all: | |
| Cheyenne Moseley | | 800 773-0838 | |
| Nатье (| of Person | at () Area Code Daytime | Telephone Number |
| Enclosed is a check for t | he following amount: | | |
| □ \$25.00 Filing Fee | □ \$30.00 Filing Fee & Centificate 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) |
| 35 a 11 | INC ADDRESS: | STREET/COURIE | ER ADDRESS: |

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Fl. 32314

Registration Section Division of Corporations

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

To:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| HARRIS BUSINESSMEN ENTERPRISES LLC | | | |
|---|--|------------------------|--|
| (Name of the Limited Liability Comps (A Florida Limited | any as it now appears on our records.) Liability Cempany) | | |
| The Articles of Organization for this Limited Liability Company Florida document number 1.23000506208 | were filed on 11/07/2023 | and assigned | |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the limited liab | oility company here: | | |
| The new name must be distinguishable and contain the words "Limited Liabi | lity Company," the designation "LLC" or the | abbreviation "L.L.C." | |
| Enter new principal offices address, if applicable: | 4623 Woodland Way, West | | |
| (Principal office address MUST BE A STREET ADDRESS) | Lake, Fl. 33470 | | |
| | *************************************** | <u>-</u> | |
| | | | |
| Enter new mailing address, if applicable: | 4623 Woodland Way, West | | |
| (Mailing address MAY BE A POST OFFICE BOX) | Lake, FL 33470 | | |
| B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her Name of New Registered Agent: | | er the name of the new | |
| Mante Of New Registered Agent. | | | |
| New Registered Office Address: | Enter Florida street address | | |
| | , Florida | Zip Code | |
| | Cin | Zip 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 |
|--------------|---------------|--|----------------|
| AMBR | Jackie Harris | | |
| | | | □ Remove |
| | | 4623 Woodland Way, West, Lake, FL 33470 | ■ Change |
| | | | □ Add |
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| Fo: Page21 of 52 2024-G3-16 16:01 58 PDT | 13236068205 | From: Rajiv Srivastava |
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| effective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 day 1 If the date inserted in this block does not meet the applicable statutory filing requirement ment's effective date on the Department of State's records. | s, this date will not be listed as |
| ecord specifies a delayed effective date, but not an effective time, at 12: see 90th day after the record is filed. | :01 a.m. on the earlier of |
| 1 March 5 , 2024 | |

Page 3 of 3

Filing Fee: \$25.00