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To:

Division of Corporations

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From:

Account Name : INC AUTHORITY, ELC Account Number : I20240000004

Phone : (775)329-7721
Fax Number : (775)376-9207

\*\*Enter the email address for this business entity to be used for fugure annual report mailings. Enter only one email address please.\*\* In Continuous Company Compan

sarkpartners2022@gmail.com Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN RELIABLE AND PROFESSIONAL HEALTH ADVISORS, LLC

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OCT 08 2524

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

## RELIABLE AND PROFESSIONAL HEALTH ADVISORS, LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Continuity)

The Articles of Organization for this Limited Liability Compar	y were filed on 01/26/2	24 and assigned	
Florida document number L2400050709			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited list	bility company here:		
HARLEY'S ADVENTUR The new name must be distinguishable and contain the words "Limited Lia"	ES AND CRUISES, bility Company," the designar	ELC.	
Enter new principal offices address, if applicable:	<del></del>		
(Principal office address MUST BE A STREET ADDRESS)		2024 OCT	
Enter new malling address, if applicable:			
(Mailing address MAY BE A POST OFFICE BON)		20 <b>3 0</b>	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he		records, enter the name of the ne	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Flanda steert address		
MALE			
	Ciņ	Zip Code	

## New Registered Agent's Signature, If changing Registered Agent:

I hereby accept the apparatment 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. Thereby 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

Title	Name	Address	Type of Action
			்□ Add
			Remove
			. 🗖 Change
			🖸 Add
			🗖 Remove
			☐ Change
٠			□ Add
			D Remove
			, 🗖 Change
			□ Add
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			_□ Change
			, <b>🗖</b> Add
			Remove
			Change
****			Ado
			□ Remove
			☐ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filling:  $\frac{N/A}{A}$ (aptional) If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Parsuant to 605 0207 (2)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed. Signature of a sember of authorized representative of a member Raphael Kelly Typed or printed name of signce

From Corporate Service Center Inc 1.702.507.9682 Mon Oct 7 12:47:57 2024 MDT Page 4 of 4

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