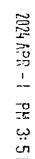
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COVER LETTER

TO:

Tallahassee, FL 32314

TO: Registration Se Division of Cor			
HARBORJ	L LLC		. •
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	JOSE MANUEL MEJIAS		
		Name of Person	
	HARBORJL LLC		
		Firm/Company	
	724 GORDON AVE. S		
		Address	
	LEHIGH ACRES, FL 339	73	
	josemejias1281(a)gmail.com E-mail address: (City/State and Zip Code n to be used for future annual report not	ification)
For further information c	oncerning this matter, please c	all:	
Jose Manuel Mejias		239 440-8747	
Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for th	ne following amount:		
■ \$25.00 Filing Fee	S30.00 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		Street Address:	ortion
Registration S Division of C		Registration Se Division of Co	
P.O. Box 632		The Centre of	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Lim	it <u>ed Liability Comp</u> (A Florida Limited	iny as it now appears on Liability Company)	our records.)
The Articles of Organization for this Limited I		were filed on $\frac{03/187}{2}$	2024 and assigned
his amendment is submitted to amend the fol	lowing:		
a. If amending name, enter the new name	of the limited liah	oility company here:	
HARBOR JL LLC.			
he new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the design	
Inter new principal offices address, if appli	cable:	NA	2024
Principal office address MUST BE A STREET ADDRESS)		NA	Arg.
		NA	, pare
Inter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)		NA	<u>ب</u> بب
		NA	<u> </u>
		NA	
B. If amending the registered agent and/or agent and/or the new registered office addre			ds, enter the name of the new reg
Name of New Registered Agent:			
New Registered Office Address:	NA		
		Enter Florida s	
	NA		, Florida NA
		City	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 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>	Name	<u>Address</u>	Type of Action
NA	NA	NA	□Add
		NA	
		NA	□Change
NA	NA	NA	□Add
		NA	
		NA	□Change
NA	NA	NA	□Add
		NA	□Remove
		NA	
NA	NA	NA	
		NA	_
		NA	□Change
NA	NA	NA	
		NA	□Remove
		NA	☐ Change
NA	NA	NA	□Add
		NA	
		NA	□Change

feetive date, if other than the date of filing: (optional) In officetive date is listed, the date must be specific and cannot be prive to date of filing or more than 90 days after filing. I Pursuant to 605/02/07 fixe. If the date inserted in this block does on time the applicable statutory filing requirements, this date will not be listed as 6 cument's effective date on the Department of State's records, coord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (h). The 90th day after the is filed. March 22 2024 March 22 Signature of a member of authorized representative of a member. Signature of a member of authorized representative of a member.	NA				
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