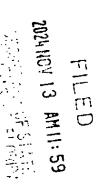


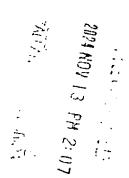
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DATE: 11/13/2024

NAME: T HARBOR FO LLC

TYPE OF FILING: AMENDMENT

COST: 25.00

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ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

TO: Registration Section **Division of Corporations** T HARBOR FO LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Gabriela Lucero Name of Person IBCF, INC. Firm/Company 407 N HIGHLAND AVE Address NYACK, NY 10960 City/State and Zip Code GLUCERO@IBCF.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Gabriela Lucero Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ■ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & □ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status Certificate of Status & Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed) Mailing Address: Street Address: **Registration Section** Registration Section

COVÊR LETTER

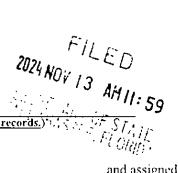
Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Docusign Envelope ID: 550F3E85-BDDB-4EC7-ABD5-1BE668545760

TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



T HARBOR FO LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability C	ompany were filed on <u>070</u>	and assigned
Florida document number L24000389389	<u> </u>	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ted liability company here	<u>z</u> :
The new name must be distinguishable and contain the words "Limit	ited Liability Company," the des	ignation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	(ESS)	
Enter new mailing address, if applicable:		
•••		
(Mailing address MAY BE A POST OFFICE BOX)	-	· · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and/or registered	l office address on our rec	ords, enter the name of the new registered
agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
		, Florida Zip Code
	City	Zip Code
New Registered Agent's Signature, if changing Registered	l Agent:	
I hereby accept the appointment as registered agent of provisions of all statutes relative to the proper and conference accept the obligations of my position as registered ago being filed to merely reflect a change in the registered company has been notified in writing of this change.	omplete performance of m gent as provided for in Ch	y duties, and I am familiar with and apter 605, F.S. Or, if this document is

Docusign Envelope ID: 550F3E85-BDD8-4EC7-ABD5-1BE668545760 in amending Authorized rerson(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>	<u>Address</u>	Type of Action
MGR	Intercorp International RA LLC	150 SE 2nd Ave, Ste 808 Miami, FL 33131	Add
			X Remove
			□Change
			□Add
			□Remove
			□Change
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		 -	□Remove

_____ Change

If amendi	ng any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
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Note: If th	date, if other than the date of filing:
document	s effective date on the Department of State's records.
ne record spoord is filed.	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	November 13th 2024
	Signed by: Viviane Mamed
	Signature of a member or antherized representative of a member
	Viviane Mamed
	Typed or printed name of signee

Filing Fee: \$25.00

Docusign Ecvelope ID: 550F3E85-BDDB-4EC7-ABD5-1BE668545760 COVER LETTER Registration Section TO: **Division of Corporations** T HARBOR FO LLC SUBJECT: _ Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Gabriela Lucero Name of Person IBCF, INC. Firm/Company 407 N HIGHLAND AVE Address NYACK, NY 10960 City/State and Zip Code GLUCERO@IBCF.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Gabriela Lucero Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ■ \$25.00 Filing Fee □ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status Certificate of Status & Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed)

Mailing Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address:

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303