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SECRETARY OF STATE DIVISION OF CORPORATIONS

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COVER LETTER

TO:	Registration Se Division of Cor		, i	
CHER	Harrison Lo	oan LLC		
SUBJI	:C1;	Name of Lim	ited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
		John E. Tucker		
			Name of Person	
		First Tower LLC		
			Firm/Company	
		P.O. Box 320001		
			Address	
		Flowood, MS 39232		
		 	City/State and Zip Code	
		jtucker@towerloan.com		
		E-mail address: (to be used for future annual report no	tification)
For fur	ther information c	oncerning this matter, please ca	all:	
John E	. Tucker		601 992-0153	
	Name o	f Person	Area Code Daytii	ne Telephone Number
Enclose	ed is a check for th	ne following amount:		
□ \$2:	5.00 Filing Fee	\$30.00 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 ADDRESS:

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

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Harrison Loan 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 Company were filed on ^{3/09/18} and assigned Florida document number W18000023188 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 406 Liberty Park Court Enter new principal offices address, if applicable: Flowood, MS 39232 (Principal office address MUST BE A STREET ADDRESS) P.O. Box 320001 Enter new mailing address, if applicable: Flowood, MS 39232 (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, 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

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
President	Francis C. Lee	P.O. Box 320001, Flowooed, MS 3	■ Add
			Remove
			☐ Change
Vice Pres	Joseph Macon	P.O. Box 320001, Flowood, MS 39	= Add
			Remove
			Change
Sec/Treas	J. Leland Martin Jr.	P.O. Box 320001, Flowood, MS 39	Add
			Remove
			Change
Vice Pres	John E. Tucker	P.O. Box 320001, Flowood, MS 39	■ Add
			□ Remove
			Change
			Remove FILED SECRETARY OF SECRETARY OF CORPOR
			Remove TIONS Change

Sective date, if other than the date of filing: (optional) effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 60 tel. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list cument's effective date on the Department of State's records.	ve date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a	record specifies a delayed eff	fective date, but not a	an effective time, al	: 12:01 a.m. on	the earlier
Cective date, if other than the date of filing: (optional)	date, if other than the date of filing: (optional)	n effective date is listed, the date must be site: If the date inserted in this block of	specific and cannot be prior to does not meet the applicab		0 days after filing.) Pu	
		fective date, if other than the dat	e of filing:		(optional)	
						
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Filing Fee: \$25.00