STATE OF WYOMING * SECRETARY OF STATE **BUSINESS DIVISION**

122 W 25th St, Suite 101, Cheyenne, WY 82002-0020

Phone: 307-777-7311 · Website: https://sos.wyo.gov · Email: business@wyo.gov

June 6, 2025

LINDEN HARRIS 700 TANLEY RD SILVER SPRING, MD 20904

Re: Harris Holding Company LLC, Rejection Filing No: 2025-0162814

Unfortunately, it is necessary to return the attached document(s) to you. The filing was rejected for the following reason(s):

- The registered agent cannot be changed using the amendment form. Please remove all references to the registered agent in #3.
- The change of agent form has a fee of \$5 and must be mailed to our office.
- If you are changing your registered agent from one individual, or organization, to another you must complete the Appointment of New Registered Agent and Office form.

If we can be of assistance, please contact the Business Division at (307) 777-7311.

Ву:	Kim McColl	
Enclosure(s)		
Reference:	Name Change	
Check / MO Number:	2077	
Amount:	\$60.00	



Wyoming Secretary of State
Herschler Building East, Suite 101
122 W 25th Street Cheyenne, WY 82002-0020 Ph. 307.777.7311 Email: Business@wyo.gov

For Office Use Only

Limited Liability Company Amendment to Articles of Organization

1. Name of the limited liability company: (Name must match exactly to the Secretary of State's reco	ords.)
Harris Holding Company LLC	
2. The date of filing its articles of organization: 5/2 (Date must match exactly to the Secretary of State's record	
3. Article number(s) 1, 2	is amended as follows:
*See checklist below for article number information. Article 1 is amended to change the name o	f the limited liability company to: Harris Capital Management
Article 2 is amended to change the register to: WY Commercial Registered Agent LLC 75 E 3rd St Ste 7 Sheridan, WY 82801	ed agent and registered office of the limited liability company
Signature: My Shall be executed by a person authorized by the company.)	Date: $05/28/2025$ $6/2/25$
Print Name: LinDon Harris	Contact Person: LinDon Harris
Title: Member	Daytime Phone Number: 3016466786
	Email: lindon.harris@outlook.com
	(An email address is required. Email(s) provided via receive important reminders, notices and filing evidence
Please review the form prior to submission. The *Refer to original articles of organization to det	r payable to Wyoming Secretary of State.



Wyoming Secretary of State

Herschler Building East, Suite 101 122 W 25th Street Cheyenne, WY 82002-0020 Ph. 307.777.7311 Email: Business@wyo.gov

For Office Use Only

Appointment	Λf	New	Regi	stered	Agent	and	Office
Appointment	Ul	TACAA	T/CZ1	ister en	Agent	anu	OHILL

This form is used ONLY to change the registered agent from one person/company to a different person/company.

per de la company to a <u>anterem</u> per	son company.
. Name of the business entity: (The name of the business entity must match exactly with the Secretary of State's records.)	
(The name by the submission of	
Name of former registered agent and physical address of former registered office:	
(The former registered agent information provided must match exactly with the Secretary of State's records. If the business that a registered agent, please list No Agent/No Office.)	siness entity is
Former Registered Agent:	
Former Pagistared Office Address:	
Former Registered Office Address:	
Name of <u>new</u> registered agent and physical Wyoming address of <u>new</u> registered office: (The new registered agent information provided must match exactly with the Secretary of State's records if the new regalready represents at least one other business entity.)	gistered agent
New Registered Agent:	
New Registered Physical Office Address (must be located in Wyoming):	
New Registered Agent's Mailing Address:	
110W Registered right is intuiting received.	
	_

For consistency the Secretary of State's office will only keep one version of the agent's name and address on file.

4. I hereby certify that the new registered office and the 17-28-101 through W.S. 17-28-111.	ne registered agent con	emply with the requirements of W.S.
5. The mailing address of my business should be char (Please check one.)	nged to reflect the new	w registered office address.
Yes No		
6. The principal address of my business should be cha (Please check one.)	anged to reflect the ne	ew registered office address.
Yes No		
7. Once completed the physical address of the regis identical.	tered office and busi	iness office of the registered agent will be
Signature:	-	Date:
(Shall be executed by an authorized individual)		(mm/dd/yyyy)
Print Name:	Contact Person:	
Title:	Daytime Phone:	
Email:		
(An email address is required. Email(s) provided will	receive important remind	lers, notices and filing evidence.)
Checklist \$5.00 Filing Fee Make check or money order particle. Processing time is up to 15 business days follo. Please mail with payment to the address at the to. Please review the form prior to submission. The	wing the date of receipt p of this form. This for	t in our office. rm cannot be accepted via email.



Wyoming Secretary of State Herschler Building East, Suite 101 122 W 25th Street Cheyenne, WY 82002-0020 Ph. 307.777.7311

Email: Business@wyo.gov

Consent to Appointment by Registered Agent

			ragistared office leasted at
(name of registered age	ent)		, registered office located at
			voluntarily consent to serve
*(registered office physical address, city, state,	, & zip)		
the registered agent for			
	usiness entity)		
ereby certify that I am in compliance with the requir	rements of W.S. 17-2	28-101 through	W.S. 17-28-111.
		-	
(Shall be executed by the registered	agent.)	Date:	(mm/dd/yyyy)
(Shall be executed by the registered	Daytime Phone:	Date:	(mm/dd/yyyy)
(Shall be executed by the registered int Name:	٠	Date:	(mm/dd/yyyy)
(Shall be executed by the registered	Daytime Phone: Email: (An email	address is requi	(mm/dd/yyyy) red. Email(s) provided will receive es and filing evidence.)
(Shall be executed by the registered	Daytime Phone: Email: (An email	address is requi	r ed. Email(s) provided will receive
cignature: (Shall be executed by the registered itle: (Shall be executed by the registered itle: (Shall be executed by the registered itle itle: (Shall be executed by the registered itle itle itle itle itle itle itle itle	Daytime Phone: Email: (An email	address is requi	red. Email(s) provided will receive

<u>IMPORTANT:</u> If you are an existing registered agent and your existing address on record does not match what is provided on this form, a **Registered Agent Information Update** form is also required.

LINDON HARRIS 700 TANLEY RD SILVER SPRING, MD 20904-2839

2 June 2025

PAY TO THE ORDER OF	Wyomina	Secretary of State	\$ 60.00
	5	xty	DOLLARS

Wells Fargo Bank N.A. Des Moines, IA 50304

MEMO <u>LLC</u> Amendrumt

Your rates and fees on the date this check posts will apply.

AUTHORIZED SIGNATURE

#073000228#276802643627445#2077

LIMBON Harris

Tod Tanley Silver Spring, MD 20804

Indon. horris OOutook.com

CAPITAL DISTRICT 208 2 JUN 2025 PM 1 L

Nyoming Secretary of State

ATTHS 1414 MC COLL

122 W 25th St. Ste 101
(37) Equal Millim Mil