

M22000002306

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

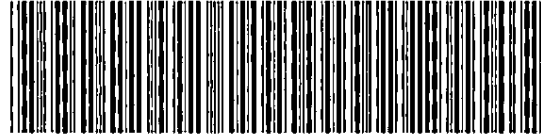
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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JUN 3 1992

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FILED RECEIVED

JUN -2 AM 8:51
JUN -2 PM 3:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 720794 8029819
AUTHORIZATION : *[Signature]*
COST LIMIT : \$ 25.00

ORDER DATE : June 2, 2022
ORDER TIME : 2:55 PM
ORDER NO. : 720794-005
CUSTOMER NO: 8029819

FOREIGN FILINGS

NAME: HARNESS HOMES GROUP II LLC

____ CORPORATE
____ LIMITED PARTNERSHIP
XX3 LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX PLAIN STAMPED COPY
____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland -- EXT#

EXAMINER: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HARNESS HOMES GROUP II LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

TESSA ECKOWITZ

Name of Person

HARNESS HOMES GROUP II LLC

Firm/Company

1100 Kings Rd #40844

Address

Jacksonville FL 32203

City/State and Zip Code

TESSA@HARNESSHOMESGROUP.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

TESSA ECKOWITZ

Name of Person

at (646) 380-1613

Area Code & Daytime Telephone Number

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

Enclosed is a check for the following amount:

- ☐ \$25 Filing Fee ☐ \$30 Filing Fee & Certificate of Status ☐ \$55 Filing Fee & Certified Copy ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

FILED
JUN -2 AM 8:59

SECTION I (1-4 must be completed)

SECRETARY OF STATE
TALLAHASSEE, FL

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: HARNESS HOMES GROUP II LLC

Enter new principal office address, if applicable: _____

(Principal office address
MUST BE A STREET ADDRESS)

1100 Kings Rd #40844

Jacksonville Fl. 32203

Enter new mailing address, if applicable: _____

(Mailing address
MAY BE A POST OFFICE BOX)

1100 Kings Rd #40844

Jacksonville Fl. 32203

2. The Florida document number of this limited liability company is: M22000002306

3. Jurisdiction of its organization: DE

4. Date authorized to do business in Florida: 2/11/2022

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: _____
(must contain "Limited Liability Company," "L.L.C." or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer 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

_____, **Florida**

_____, *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.

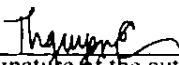
If Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Authorized PERSON	CHARLES SESSA	1100 Kings Rd #40844, Jacksonville FL, 32203	<input checked="" type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
MEMBER	ANTHONY AIELLO	1100 Kings Rd #40844, Jacksonville FL, 32203	<input checked="" type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the
aforementioned amendment(s), duly authenticated by the official having custody of records in the
jurisdiction under the law of which this entity is organized.



Signature of the authorized representative

TESSA ECKOWITZ

Typed or printed name of signee

Filing Fee: \$25.00