LO3000006059

(Re	questor's Name)	
(Ad	dress)	
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
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Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
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FLORIDA DEPARTMENT OF STATE Division of Corporations

December 12, 2020

PERRY J STAMOS 221 W OAKLAND PARK BLVD FORT LAUDERDALE, FL 33311

SUBJECT: THE HARBOR SHOPS, LLC

Ref. Number: L03000006059

We have received your document for THE HARBOR SHOPS, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 420A00025114

Rebekah White Regulatory Specialist II Supervisor

www.sunbiz.org

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: The Harbor Shop	د ۱۱ <i>۲</i>
SUBJECT: The Harbox Shop	Limited Liability Company
The enclosed Articles of Amendment and fee(s) are s	submitted for filing.
Please return all correspondence concerning this mat	ter to the following:
Perry	J. Stamos Name of Person
The	Harbor Shops LLC Firm/Company
331 M Oa	Kland Park BIUD.
Fort Lauder	dale FL 33311
Psto Etmail addres	City/State and Zip Code amos@goddisapital.com as: (to be used fooduture annual report notification)
For further information concerning this matter, pleas	
Perry Stamos Name of Person	at (954) 565 - 8900 Ext: 3937 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 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	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810
Tallahassee, FL 32314	Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

20 TH HILE

The Ha	(bor Shops,	LLC	<u> </u>
(Name of the Limite	d Liability Company as it no A Florida Limited Liability Co	w appears on our reco impany)	rds.)
The Articles of Organization for this Limited Lia	ability Company were file	d on	and assigned
Florida document number <u>L030000</u> t	<u> 26099</u> .		• .
This amendment is submitted to amend the follo	wing:		
A. If amending name, enter the new name of	the limited liability com	pany here:	•
The new name must be distinguishable and contain the wo	ords "Limited Liability Compa	ny," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	ible:		
(Principal office address MUST BE A STREE)	TADDRESS)	_	
Enter new mailing address, if applicable:	au-		
(Mailing address MAY BE A POST OFFICE I	<u> </u>		
			
B. If amending the registered agent and/or reagent and/or the new registered office addres		on our records, <u>ent</u>	er the name of the new regi:
Name of New Registered Agent:	Perry J. St	amos	
New Registered Office Address:		Kland Park Enter Florida street add	Blyd.
	Fort Lauder	dale	Florida 33311

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 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 i 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 bein or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Ac
RA	John M. Camillo	201 W. Ookland Park Blv	d. □Add
		Fort Lauderdale, FL 333	M Remove
			∴ □ Change
RA	Perry J. Stamos	721 W. Oakland Park Blue	Add
		Fort Louderdale, FL 33311	□Remove
			□Change
			🗆 🗆 Add
			□Remove
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Filing Fee: \$25.00