L07000060962

(Requestor's Name)
(reguester a marrie)
(Address)
(numess)
(Address)
(Address)
(City/State/Zip/Phone #)
(Olty/State/Zip/Filone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



000210801890

08/12/11--01015--019 **25.00

SECKE JARY OF STATE
DIVISION OF CORPORATION

11 ALIC 19 PM 3-29

T. HAMPTON

Aug 15, 2011

EXAMINER

COVER LETTER

TO: Registration S Division of Co					
SUBJECT:	Harco	Brothers, LLC			
	Name of Lim	ited Liability Company			
The enclosed Articles of	f Amendment and fec(s) are su	bmitted for filing.			
Please return all corresp	ondence concerning this matter	r to the following:			
		Edgar F. Iturri			
		Name of Person			
	Harco Brothers, LLC				
	Firm/Company				
	1	533 SW 1 Way. #F-7			
		Address			
	Deerfield Beach, FI 33441				
City/State and Zip Code					
	info@harcobrothers.com E-mail address: (to be used for future annual report notification)				
T		•	ation)		
For further information of	concerning this matter, please of	call:			
E	dgar F. Iturri	at (954) 5	32-0856		
Name o	of Person	Area Code & Daytime	Telephone Number		
Enclosed is a check for t	he following amount:				
\$25.00 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

FILEU SECRETARY OF STATE DIVISION OF CORPORATIONS

11 AUG 12 PM 3: 20

	Harco Brothers L	LÇ		
(Name of the Limited	Liability Company as it no Florida Limited Liability Co	ow appears o ompany)	n our records.)	
The Articles of Organization for this Limited L Florida document number L07000060	• •	d on	06-11-2007	and assigned
This amendment is submitted to amend the following	owing:			
A. If amending name, enter the new name o	f the limited liability com	<u>pany here</u> :		
	NA			
The new name must be distinguishable and end wi "L.L.C."	th the words "Limited Liabil	ty Company,	the designation "I.	LC" or the abbreviation
Enter new principal offices address, if applic	able: NA			
(Principal office address MUST BE A STREE	T ADDDECC			
				·
Enter new mailing address, if applicable:	NA			
(Mailing address MAY BE A POST OFFICE	<u></u>			
B. If amending the registered agent and/orthe new registered of		ess on our	records, enter t	he name of the new
Name of New Registered Agent:	Daniela Ochoa			
New Registered Office Address:	3079 Doubloon Dr.			
		Enter	Florida street addi	ress
	Pompano B	each	Florida	33063
	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 608, 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 the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Daniela Ochoa	3079 Doubloon Dr. Deerfield Beach, Fl 33441	Add Remove ·
MGR_	Ebert Ochoa	3079 Doubloon Dr. Deerfield Beach, Fl. 33441	Add Remove
No			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amen	August 8th	change(s) here: (Attach additional sheets, if necessary.)	SECRETARY OF STATE DIVISION OF CORPORATIONS 11 AUG 12 PM 3-20
	Signature of a	member or authorized representative of a member #dgar F. Iturri Typed or printed name of signee	
		Page 2 of 2	

Filing Fee: \$25.00