

L11 000 140 156

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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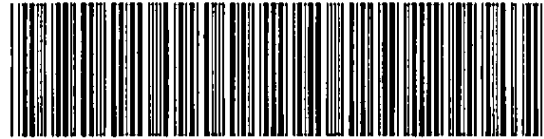
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: TREASURE COAST HAY LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Dinga Maribel Hart

Name of Person

TREASURE COAST HAY LLC

Firm/Company

5073 SW Quail Hollow St.

Address

Palm City, FL, 34990

City/State and Zip Code

FrankHart439@att.net

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

For further information concerning this matter, please call:

Dinga Maribel Hart

561 889-3400
at ()

Name of Person

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 &
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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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TALLAHASSEE, FL

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

TREASURE COAST HAY 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 12/14/2011 and assigned
Florida document number L11000140156.

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 "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

5073 SW Quail Hollow St.

Palm City, FL 34990

5073 SW Quail Hollow St.

Palm City, FL 34990

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

5073 SW Quail Hollow St.

Palm City, FL 34990

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TALLAHASSEE, FL

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:

Dinga Maribel Hart

New Registered Office Address:

5073 SW Quail Hollow St.

Enter Florida street address

Palm City

City

Florida

34990

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

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>	<u>Address</u>	<u>Type of Action</u>
MGRM	Sandra Cosman	807 SW St. Julien Ct	<input type="checkbox"/> Add
		Port St. Lucie, FL 34990	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	George Cosman	807 SW St. Julien Ct	<input type="checkbox"/> Add
		Port St. Lucie, FL 34990	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	Dinga Maribel Hart	5073 SW Quail Hollow St.	<input checked="" type="checkbox"/> Add
		Palm City, FL 34990	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	Frank Hart	5073 SW Quail Hollow St.	<input checked="" type="checkbox"/> Add
		Palm City, FL 34990	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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(ing.) Pursuant to 605.0207,
te, will not be listed as t

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated October 4, 2022

Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00