L12000149690

(Requestor's Name)	
(Address)	_
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	_
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SECRETARY OF STATE TALLAHASSEE, FL 2024 NOV 18 AM 9: 22



Registration Section Division of Corporations

ECT: Harbor Mass	s Foundation LLC			
		nited Liability Company		
nclosed Articles of A	Amendment and fee(s) are sub	omitted for filing.		
		<u> </u>		
e return an correspon	idence concerning this matter	to the following:		
	Joan Katz	Name of Person	· · · · · · · · · · · · · · · · · · ·	
		Name of Person		
	-			
		Firm/Company		
	4371 Northlake Blvd #12	R		
		Address		
	Palm Beach Gardens, FL	33410 City/State and Zip Code		
	mwcmass@aol.com	City/State and Zip Code		
	<u>-</u>	to be used for future annual report notific	ation)	20, SE,
rther information cor	ncerning this matter, please of	all:		POW NOV 18 AM 9: 22 SECRETARY OF STATE TALLAHASSEE, FL
				WOV 18 AH
Katz		at (561) 630-1925		ASS ASS
Name of I	Person	Area Code Daytime 7	Telephone Number	AM 9: 22 SSEE, FL
				STAI STAI
sed is a check for the	e following amount:			TH N
25.00 Filing Fee	□ \$30.00 Filing Fee &	☐ \$55.00 Filing Fee &	☐ \$60.00 Filing F	
	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of S Certified Copy	
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5 C . 112		a		
Mailing Address:	<u>.</u>	Street Address:		

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

TO ARTICLES OF ORGANIZATION OF

Harbor Mass Foundation LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) Articles of Organization for this Limited Liability Company were filed on 11/29/2012 and assigned ida document number L12000149690 amendment is submitted to amend the following: If amending name, enter the new name of the limited liability company here: new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 4371 Northlake Blvd #128 er new principal offices address, if applicable: Palm Beach Gardens, FL 33410 ncipal office address MUST BE A STREET ADDRESS) 4371 Northlake Blvd #128 er new mailing address, if applicable: Palm Beach Gardens, FL 33410 iling address MAY BE A POST OFFICE BOX) f amending the registered agent and/or registered office address on our records, enter the name of the new registered it and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address City Registered Agent's Signature, if changing Registered Agent: reby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the sisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and ept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is

g filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability

pany has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

R = M $BR = A$	R = Manager BR = Authorized Member						
<u>e</u> <u>Name</u>		Address	Type of Action				
R	Katz, Joan	4371 Northlake Blvd #128 Palm Beach Gardens, FL 33 Add					
			□Remove				
			□Change				
<u>RM</u>	Lopez, Alberto A		□Add				
		7050 W Palmeto Pk Rd ST 15 #120					
			SEChange NOV				
			SECRETIONY CARESTATES				
			□ Add				
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emoved from our records:

					
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etive date, if other than the date of filing: ffective date is listed, the date must be specific and cate if the date inserted in this block does not meant's effective date on the Department of State	annot be prior to date the applicable	e of filing or more t statutory filing re	(optiona han 90 days after fili quirements, this da	ng.) Pursuant to	605.020 listed as
ord specifies a delayed effective date, but not an filed.	n effective time, a	t 12:01 a.m. on th	ne earlier of: (b)	The 90th day a	ifter the
November II , .	2024				
		Bon			
Signature of a me	ember or authorized	representative of a	member)		
		()			
Joan Katz					

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Filing Fee: \$25.00