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COVER LETTER

Div	ision of Corpo	orations						
SUBJECT:	HARBORAGE305 LLC							
		Name of Limit	ed Liability Company					
The enclosed	Articles of Ar	mendment and fee(s) are subm	nitted for filing.					
Please return	all correspond	lence concerning this matter to	o the following:					
		Cheryl Pallack						
			Name of Person					
			Firm/Company					
			Address					
		STUART, FL 34994						
			City/State and Zip Code					
		E-mail address: (to	be used for future annual report notifical	tion)				
For further in	nformation con	cerning this matter, please cal	1:					
Cheryl Palla	ck		772 221-1922 at ()					
	Name of P	Person	at () Area Code Daytime To	dephone Number				
Enclosed is a	check for the	following amount:						
■ \$25.00 F	iling 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)				

Registration Section

TO:

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

HARBORAGE305 LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited I	Liability Company)	,
The Articles of Organization for this Limited Liability Company Florida document number L13000172103	were filed on 12/12/2013	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
		<u></u>
The new name must be distinguishable and contain the words "Limited Liabit	lity Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		,
(Principal office address MUST BE A STREET ADDRESS)		
		-e-;
Enter new mailing address, if applicable:		5
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here. Name of New Registered Agent:		enter the name of the
New Registered Office Address:	Enter Florida street address	
	, Flor	rida Zin Code
New Registered Agent's Signature, if changing Registered Agent:	•	
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete	ee to act in this capacity. I furt	

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>	Address	Type of Action
MGRM	THE HARBORAGE TRUST	101 E. Ocean Boulevard, Suite 201	□ Add
	 -	STUART, FL 34994	
		 	Remove
			∴□ Change
MGR	THE HARBORAGE TRUST	101 E. Ocean Boulevard, Suite 201	≅ Add
		STUART. FL 34994	
			□ Remove
			□ Change
			Add
			Remove
			Change
			
			☐ Remove
			☐ Change
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ated	ovember	28th		201	8	<u>.</u> ·				
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Page 3 of 3

Filing Fee: \$25.00