L14000034741

(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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2022 NOV 28 PM 3:49

FLORIDA DEPARTMENT OF STATE Division of Corporations

October 6, 2022

RANA SCHAFER

7104 NW 42ND LN GAINESVILLE, FL 32606

SUBJECT: T-SQUARE OF GAINESVILLE, LLC

Ref. Number: L14000034741

We have received your document for T-SQUARE OF GAINESVILLE, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

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) 245-6052.

Nadira D McClees-Sams **EXECUTIVE ASSISTANT**

Letter Number: 322A00022382

RECEIVED

NOV 28 2012

DEGOTODOS Thank you for your help. I searched records & Selected 2 other names that have machine Status. Either of these would work depending on their status Please feel free to call a 3522149000 with any questionshipping Thanks - Rana

COVER LETTER

3.7

Tallahassee, FL 32314

	Registration So Division of Cor			¥	
elib ir.c		f Gainesville LLC	م	•	
SUBJEC	1:	Name of Lim	ited Liability Company		
The enclo	sed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please ret	urn all correspo	ondence concerning this matter	to the following:		
		Rana Schafer			
			Name of Person	 	
			Firm/Company		
		7104 NW 42nd Ln			
			Address		
		Gainesville FL 32606			
	rana yahufar@yahua com		City/State and Zip Code		
		rana_schafer@yahoo.com E-mail address: (to be used for future annual report not	ification)	
For furthe	er information c	oncerning this matter, please co	all:		
Rana Schafer		352 214-9000 at ()			
Name of Person			Area Code Daytin	ne Telephone Number	
Enclosed	is a check for th	he following amount:			
■ \$25.0	■ \$25.00 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 Addres		Street Address:	ation	
	Registration S Division of C		Registration Se Division of Co		
	P.O. Box 632	•	The Centre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	
e Articles of Organization for this Limited Liability Company were filed on Feb 28, 2014 and assigned orida document number L14000034741	
is amendment is submitted to amend the following:	
If amending name, enter the new name of the limited liability company here: ma LLC Harra Properties LLC new name must be distinguishable and contain the words "Limited Liability Company—the designation "LLC" or the abbreviation "L.L.C."	
new name must be distinguishable and contain the words "Limited Liability Company" the designation "LLC" or the abbreviation "L.L.C."	_
ter new principal offices address, if applicable:	
rincipal office address MUST BE A STREET ADDRESS)	_
ter new mailing address, if applicable: uiling address MAY BE A POST OFFICE BOX	
If amending the registered agent and/or registered office address on our records, <u>enter the name of the new regis</u> ent and/or the new registered office address here:	<u>tered</u>
Name of New Registered Agent:	_
New Registered Office Address: Enter Florida street address	_
, Florida	_
City Zip Code	

New Registered Agent's Signature, if changing Registered Agent:

T-Square of Gainesville LLC

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 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 Address Type of Action Title Name □Remove _____ _ __ _ ___ _ __ Add _____ □Remove Change

_____ □Change

E. Effective date, if other than the date of filing:	acutory filing requirements, this date will not be listed as the 12:01 a.m. on the earlier of: (b) The 90th day after the					· · · · · · · · · · · · · · · · · · ·	•	
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Dated July 27 2022.	21		ecifies a delayed e	effective date, but n	ot an effective tir	ne, at 12:01 a.m. on t	he earlier of: (b)	The 90th day after the
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Lau Stater	approportative of a member	record is filed.	July	<u> 1 </u>	. <u> </u>	 '		
Signature of a member or authorized representative of a member	epresentative or a meanoer	record is filed.	July	21 Zan	a Silv	afer		

Filing Fee: \$25.00