

L5000081832

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

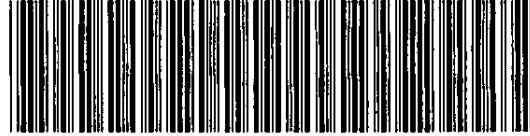
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100275442941

07/30/15--01005--022 **25.00

FILED
15 JUL 30 PM 2:30
U.S. DISTRICT COURT
DISTRICT OF COLUMBIA

JUL 31 2015

S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HARV & RICH AUTO 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:

WALLACE J.HARVEY

Name of Person

HARV & RICH AUTO LLC

Firm/Company

5350 MCINTOSH POINT CIRCLE #120

Address

SANFORD FLORIDA 32773

City/State and Zip Code

HARVRICHAUTOSALES@GMAIL.COM

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

For further information concerning this matter, please call:

SAMIYAH ALI

407 9856512
at ()

Name of Person

Area Code

Daytime Telephone Number

Office
(407) 915-6845

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

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>
AMBR	WALLACE J.HARVEY RICHARD	6610 CARDEN DR	<input type="checkbox"/> Add
		ORLANDO FL 32818	<input checked="" type="checkbox"/> Remove
		6610 CARDEN DR	<input checked="" type="checkbox"/> Change
AMBR	WALLACE J HARVEY	ORLANDO FL 32818	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

BUSINESS CHANGE : WALLACE J. HARVEY (OWNER) UPDATED EIN 47-4616039

NAME CORRECTION

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated JULY 27, 2015



Signature of a member or authorized representative of a member

SAMIYAH ALI

Typed or printed name of signee

FILED
15 JUL 30 PM 2:30