## L16 000 059 268

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## **COVER LETTER**

TO: Registration Se Division of Cor			*	· ,
HART PRO	OPERTYS LLC		٠.	•
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	MARY HOERTZ-WESTE	ЗҮ		
		Name of Person		
	HART PROPERTYS LLC			
		Firm/Company		
	1609 SW COLLEGE ST			
		Address		
	STUART, FL 34997			
	MULLYMARY@HOTMA	City/State and Zip Code		
	E-mail address: (	to be used for future annual report notif	fication)	
For further information of	oncerning this matter, please c	all:		
MARY HOERTZ-WESTBY		772 600-7377 EX	KT 2	
Name o	f Person		e Telephone Number	
Enclosed is a check for the	he following amount:			
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Certificate of Certified Cop (additional copy	f Status & py
<b></b>				

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HART PROPERTYS LLC		
(Name of the Limi	ted Liability Company as it now appea (A Florida Limited Liability Company)	rs on our records.)
The Articles of Organization for this Limited L. Florida document number 1.16000059268	iability Company were filed on $\frac{00}{2}$ .	and assigned
This amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name of	of the limited liability company h	ere:
The new name must be distinguishable and contain the Enter new principal offices address, if applications of the Astronomy of the Astronomy of the Enter new principal office address MUST BE A STREET	cable:	designation "LLC" or the abbreviation "L.L.C."
Trincipal office duaress MOST BE A STREE		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE)  B. If amending the registered agent and/or agent and/or the new registered office address.	registered office address on our i	records, enter the name of the new registered
Name of New Registered Agent:	MARY HOERTZ-WESTBY	
New Registered Office Address:	1609 SW COLLEGE ST	
	Enter Flo	rida street address
	STUART	Florida 34997
	City	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>	Type of Action
MGR	GEORGE HART	1609 SW COLLEGE ST.	<b>■</b> Add
		STUART, FL. 34997	□Remove
AMBR	MARY HOERTZ-WESTBY	1609 SW COLLEGE ST.	□Add
		STUART, FL. 34997	□Remove
			■Change
			□Add
			□Remove
			Change
			□Add
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			Remove
			□ Change

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Note: If	e date, if other than ive date is listed, the date the date inserted in that's effective date on the	iis block does n	ot meet the appl	licable statutory f	(opt r more than 90 days afte ling requirements, th	ional) er filing.) Pursuant to 605.0 is date will not be listed	1207   1 as 1
e record s d is filed		ective date, but	not an effective	time, at 12:01 a.	n. on the earlier of: (	b) The 90th day after t	the
Dated	May ?	ğ	_ 206	24.	·		
		Signature	of a member or au	thorized representa	Watty ive of a member	<del>}</del>	
			$\mathcal{I}$				

Filing Fee: \$25.00