

L16000069365

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

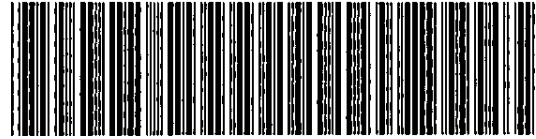
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS

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JUL 13 2017

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: HARBOR LIFE 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:

STACY ROTH/GLEN CARISTINOS

Name of Person

HARBOR LIFE LLC

Firm/Company

303 MAIN STREET, P.O. BOX 1395

Address

SAFETY HARBOR, FL 34695

City/State and Zip Code

info@MyHarborLife.com

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

For further information concerning this matter, please call:

Stacy Roth

Name of Person

at

(727)

Area Code

215-6015

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing 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)

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**

HARBOR LIFE LLC

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

The Articles of Organization for this Limited Liability Company were filed on 04/07/2016 and assigned
Florida document number L16000069365

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.C."

Enter new principal offices address, if applicable:

1790 PHILIPPE PKWY

(Principal office address MUST BE A STREET ADDRESS)

SAFETY HARBOR, FL 34695

Enter new mailing address, if applicable:

303 MAIN STREET

(Mailing address MAY BE A POST OFFICE BOX)

P.O. BOX 1395

SAFETY HARBOR, FL 34695

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

STACY ROTH

New Registered Office Address:

1790 PHILIPPE PKWY

Enter Florida street address

SAFETY HARBOR

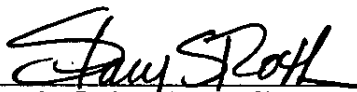
Florida 34695

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>	<u>Type of Action</u>
AMBR	KIM WARD	633 4TH AVENUE NORTH	<input type="checkbox"/> Add
		SAFETY HARBOR, FL 34695	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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DIVISION OF CORRECTIONS

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(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.

Dated JULY 3, 2017

Fany Roth
Signature of a member

Signature of a member or authorized representative of a member

STACY ROTH

Typed or printed name of signee