

L1600001529162

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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707

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600293486406

01/23/17--01020--001 **52.50

02/23/17--01025--003 **7.50

FEB 23 2017
S. YOUNG

FILED
SECRETARY OF STATE
TALLAHASSEE, FL 32399
17 JAN 13 AM 10:17



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 25, 2017

JAMES DENINO
HARBOR ALLIANCES, LLC
1100 S MIAMI AVENUE #1810
MIAMI, FL 33130

SUBJECT: HARBOR ALLIANCES, LLC
Ref. Number: L16000152962

2017 FEB 21 PM 3:30
ALLIANCE, LLC

We have received your document for HARBOR ALLIANCES, LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6051.

Shelia H Young
Regulatory Specialist II

Letter Number: 817A00001528

17 JAN 13 AM 10:17

11:11
SECRETARY OF STATE
JANUARY 13 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Harbor Alliances, 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:

James DeNiro
Name of Person

Harbor Alliances, LLC
Firm/Company

1100 S. Miami Ave Apt. 1810
Address

Miami, FL 33130
City/State and Zip Code

james.pdeniro@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

James DeNiro at (846) 748-6608
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input 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) |
|---|--|--|--|

★ \$7.50 Remaining Balance - Letter # 817A00001528

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

TALLAHASSEE, FL 32301

2017 FEB 21 PM 3:38 17 JAN 13 AM 10:17

STATE
SECRETARY OF
TALLAHASSEE, FL 32301

**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)

The Articles of Organization for this Limited Liability Company were filed on 8/16/16 and assigned Florida document number L16000152962.

This amendment is submitted to amend the following:

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

N/A

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

Enter new principal offices address, if applicable:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A

(Mailing address MAY BE A POST OFFICE BOX)

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JAN 13 AM 10:17
SECRETARY OF STATE
TALLAHASSEE

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:

N/A

New Registered Office Address:

Enter Florida street address

City

_____, Florida

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.

N/A

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>
MGR	Matthew DeNiro	1100 S. Miami Ave	<input type="checkbox"/> Add
		Miami, FL 33131	<input checked="" 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
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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MAIL ROOM

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

N/A

17 JAN 13 AM 10:17

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FALL 2013

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 February 14, 2017.

Signature of a member or authorized representative of a member

James De Niro
Typed or printed name of signee