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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Harbor Aire, 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:
Kendall Gibbons  Name of Person
Harbar Aire UC DBA Harbar Air
MOZ HARSCUS Cir. S.
Odsmar, FL 34677 City/State and Zip Code
E-mail address: (to be used for thrure annual report notification)
For further information concerning this matter, please call:
Lendall Gibbons   at 730, 420-5304     Name of Person   at 730, 420-5304     Area Code   Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \$\Bigcup \$55.00 Filing Fee & \$\Bigcup \$60.00 Filing Fee, \$\Bigcup \$\Bigcu
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



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Harbor Aire, 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 06/20/2017 and assigned Florida document number L17000134023 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 "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street address

## 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
AMBR Tiffany Gibbons	Titlany Gibbons	1702 Hibiscus Cir. S. Oldsmar, FL 34677	Add
			■ Remove
			□ Change
MGR Kendall Gibbons	Kendall Gibbons	1702 Hibiscus Cir S. Oldsmar, FL 34677	■ Add
		<del></del>	Remove
			☐ Change
AMBR Kendall Gibbons	Kendall Gibbons	1702 Hibiseus Cir S. Oldsmar, FL 34677	Add
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	unig any other unormation, enter change(s) here: (Anach daamond sheets, if necessary.)
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F Effective	07/01/2019  date if other than the date of filing: (optional)
Note: II	tive date, if other than the date of filing:
	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: Oth day after the record is filed.
Dated	
	Signature of a member or authorized representative of a member
	Kendall Gibbbons
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00