

L17000175970

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

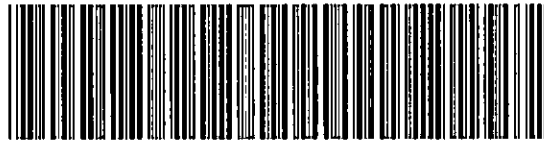
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

J. HORNE
DEC 27 2021

12/28

Office Use Only



400374342694

10/12/21--01023--019 **140.00

FILED
2021 DEC 20 AM 9:32
SECRETARY OF STATE
TALLAHASSEE, FL 32399



2021 OCT 22 PM 12:40

FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 22, 2021

SANDY WORGAN
474370 E STATE ROAD
SUITE 200
FERNANDINA BEACH, FL 32034 US

SUBJECT: AB HARTS ROAD, LLC
Ref. Number: L17000175970

We have received your document and check(s) totaling \$140.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The form you submitted is for a PROFIT CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

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) 245-6050.

Jasmine N Horne
Regulatory Specialist II

Letter Number: 221A00025830

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AB HARTS ROAD LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ROBERT WORGAN
Name of Person

AB HARTS ROAD LLC
Firm/Company

474370 E. STATE ROAD 200
Address

FERMINDA BEACH FL 32034
City/State and Zip Code

SANDYWORGAN@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SANDY WORGAN at (904) 461-6679
Name of Person Area Code & Daytime Telephone Number

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

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR
LIMITED LIABILITY COMPANY**

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: AB HARTS ROAD LLC

2. (a) _____ (b) _____
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

4174370 E. STATE ROAD 200 JAME
FERNANDINA BEACH FL 32034

3. 8/2017 4. L17000175970
Date of filing/registration in Florida Document number

5. (a) ROBERT WORGAN
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
2225 AIA ST, C-11
ST. AUGUSTINE, FL 32080

(b) _____
Enter name of NEW Registered Agent and/or NEW Registered Office address:

4174370 E. STATE ROAD 200
NEW Registered Office Address:
FERNANDINA BEACH FL 32034
_____, FL _____

FILED
2021 DEC 20 AM 9:32
SECRETARY OF STATE
TALLAHASSEE, FL

if the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Robert Worgan ROBERT WORGAN
Signature of a member or authorized representative of a member Printed or typed name of signee

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.

Robert Worgan
Signature of Registered Agent



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 27, 2021

BOULOS EDMOND
600 THREE ISLANDS BLVD
APT 1702
HALLANDALE BEACH, FL 33009 US

SUBJECT: SOUTHERN GLAZER LLC
Ref. Number: L20000207805

We have received your document for SOUTHERN GLAZER LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

If you have any questions concerning this matter, please either respond in writing or call (850) 245-6050.

Jasmine N Horne
Regulatory Specialist II

Letter Number: 321A00031092

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Southern Glazer 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 july 17,2020 Sec. of State bcbir and assigned Florida document number L20000207805.

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.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

600 Three Island Blvd apt 1702

Hallandale Beach FL 33009

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:

Boulos Edmond

New Registered Office Address:

600 Three Island Blvd Apt 1702

Enter Florida street address

Hallandale Beach

City

Florida 33009

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	Maknson Souffrant	600 Three Island Blvd Apt 1702, hallandale beach	<input checked="" type="checkbox"/> Add
		Florida 33009	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Diane Exantus	3300 Ne 192nd st Apt 1701, Aventura FL 33180	<input type="checkbox"/> Add
			<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
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(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)

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 10-06-2021

Signature of a member or authorized representative of a member

Edmond Boulos
Typed or printed name of signer

Filing Fee: \$25.00