L18000032407

	Requestor's Name)	
(Address)	
	Address)	
(City/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)	
(Document Number)	
ertified Copies	Certificates of S	Status
Special Instructions	to Filing Officer:	
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Office Use Only



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09/04/20 Holdio--015 #500.00



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COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT:		H & A LLC	4	•
SUBJECT		Name of Limi	ted Liability Company	
The enclosed	d Articles of	Amendment and fee(s) are sub-	nitted for filing.	
Please return	i all correspo	ndence concerning this matter	to the following:	
		DENNIS PAREK		
		•	Name of Person	——————————————————————————————————————
			Firm/Company	
		1911 CYPRESS GARDEN		
		WINTER HAVEN FL.	Address	
			City/State and Zip Code	
		rodewayinn1911@gmail.com	n o be used for future annual report not	ification)
For further in	nformation c	oncerning this matter, please ea		, reaction,
DENNIS PA	AREK		863 207-1792 at ()	
	Name o	f Person	at () Area Code Daytin	ne Telephone Number
Enclosed is	a check for th	ne following amount:		
□ \$25.00 I	Filing Fee	S30.00 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)
Re Di P.(diling Addressistration Section of Co. Box 632	Section forporations 7	Street Address: Registration Set Division of Co The Centre of 2415 N. Monre Tallahassee, Fl	rporations Tallahassee oe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HARLOM H & A LLC

(Name of the Limite)	A Florida Limited I	ny as it now appears on our liability Company)	recuras.)	
The Articles of Organization for this Limited Lia Florida document number L18000032407	ibility Company	were filed on FEBRUAR	RY 05, 2018	and assigned
This amendment is submitted to amend the follow	wing:			
A. If amending name, enter the new name of	the limited liab	ility company here:		
The new name must be distinguishable and contain the wo	ords "Limited Liabil	ity Company," the designation	on "LLC" or the abbr	eviation "L.L.C."
Enter new principal offices address, if applicable:		1911 CYPRESS GARD	DENS BLVD.	
(Principal office address MUST BE A STREET	(ADDRESS)	WINTER HAVEN FL.		
				aprende d
				1 [
Enter new mailing address, if applicable:			(i) 1 €	
(Mailing address MAY BE A POST OFFICE B	8 <i>0X</i>)		47.	
	 *		, <u>u</u>	,
			70.7	<u> </u>
B. If amending the registered agent and/or re agent and/or the new registered office address	•	address on our records.	, enter the name	of the new register
Name of New Registered Agent:	DENNIS I. PAI	REK		
New Registered Office Address:				
	,	Enter Florida stree	n address	
			Florida	
		City		Zip Code
New Registered Agent's Signature, if changing R	<u>egistered Agent:</u>			
I hereby accept the appointment as registered provisions of all statutes relative to the prope accept the obligations of my position as regis being filed to merely reflect a change in the re company has been notified in writing of this c	r and complete tered agent as p egistered office	performance of my du provided for in Chapter	ties, and I am fa r 605, F.S. O <mark>r,</mark> ij	miliar with and This document is
	If Chai	nging Registered Agent, Sign	nature of New Regis	stered 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	TUSHARKUMAR H. PATEL	1744 NORTH FORT HARRISON AVENUE	≣ A đ d
		CLEARWATER FL. 33755	□Remove
			Change
			□Add
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	ate, if other than the date of	SEPTEMBI	ER 01, 2020		
Hective d an effective	ate, if other than the date of date is listed, the date must be specified.	fic and cannot be prior	to date of filing or more	than 90 days after fili	(I) ng.) Pursuant to 605.0207
ote: If the	date inserted in this block does effective date on the Departmen	not meet the applicant of State's records	able statutory filing r	equirements, this da	te will not be listed as
ocument s	enceive date on the Departmen	it of State 3 feedras.			
	cifies a delayed effective date, bu	ut not an affactive ti	ma at 12:01 a.m. on	the earlier of: (b)	The 90th day after the
record ene	lines a delayed effective date, of	ut not an enective to	ne, at 12,07 a.m. on	the carrier or, (o)	The 70th day after the
•					
•					
l is filed.	TEMBER 01,	2020			
l is filed.	ΓEMBER 01,	. 2020	_·		
l is filed.			_		
d is filed.		e of a member or autho	rized representative of	a member)	

Filing Fee: \$25.00