## 180000041443

(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	·

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A. RIVERS

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## **COVER LETTER**

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TO: Registration Se Division of Co			
Hartico LI	.C	•	,
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Venecia Antico		
		Name of Person	
		Firm/Company	
	7596 Via Luria		
		Address	
	Lake Worth, FL 33467		
		City/State and Zip Code	
	Venecia.antico@9round.co	m to be used for future annual report no	diffication)
For further information of	concerning this matter, please e		c.iii
Venecia Antico		561 9005370 at ()	
Name o	of Person	Area Code Daytir	ne Telephone Number
Enclosed is a check for t	he 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		Street Address: Registration Se	ection
Division of C		Division of Co	
P.O. Box 632	27	The Centre of	Tallahassee
Tallahassee.	FL 32314	2415 N. Monro	se Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Hartico LLC		
( <u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our records.) ted Eiability Company)	
The Articles of Organization for this Limited Liability Comp		and assigned
Florida document number L18000041443		
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 I	iability Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE <u>A STREET ADDRESS</u>	0	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		700
		<u> </u>
B. If amending the registered agent and/or registered offi	ice address on our records, <u>enter th</u>	e name of the new register
agent and/or the new registered office address here:		-
		O P D
Name of New Registered Agent:		1 0 N
New Registered Office Address:		TA 53
New Registered Office Address.	Enter Florida street address	<del></del>
	. Flori	da
<del></del>	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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Joseph D'Amore	5325 Grand Banks Blvd Greenacres FL 33463	□Add
			Remove
			□Change
MGR	Juan Perez	203 SE Bella Strano Port St Lucie FL 34984	<b>=</b> Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change
			□Add
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fective date, if other than the date in effective date is listed, the date must be ote: If the date inserted in this block cument's effective date on the Depa	k does not meet the applic	cable statutory filing re	(optional) than 90 days after filing.) Purs quirements, this date will	auant to 605.020' not be listed as
ecord specifies a delayed effective dais filed.	ate, but not an effective t	time, at 12:01 a.m. on t	he earlier of: (b) The 90t	h day after the
January 7th 2022	12:01			
ted	·	·		
X (Intack	?			
Santice Sign	gnature of a member or auth	norized representative of a	a member	

Filing Fee: \$25.00