

L18000079225

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

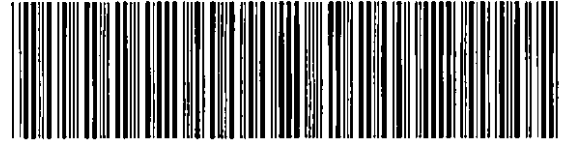
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer.

Office Use Only



900435223009

08/22/24--01017--011 **43.75

9/17/24
KH

2024 SEP 16 PM 4:03
STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HARBOR CONTRACTING, 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:

ANTHONY CERULLO

Name of Person

HARBOR CONTRACTING, LLC

Firm/Company

13970 W HILLSBOROUGH AVE

Address

TAMPA FL 33635

City/State and Zip Code

office@harborcontractingllc.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CRICKET VINSON

Name of Person

at (727) 332-3710

Area Code

Daytime Telephone Number

Enclosed is a check for the 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)

Already received \$43.75

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

2024 SEP 16 PM 4:03
STATE
TALLAHASSEE, FL

FILED

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

HARBOR CONTRACTING, 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 03/28/2018 and assigned Florida document number L18000079225.

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 "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

13970 W HILLSBOROUGH AVE
TAMPA FL 33635

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

13970 W HILLSBOROUGH AVE
TAMPA FL 33635

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

_____, Florida _____
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.

N/A

If Changing Registered Agent, Signature of New Registered Agent

2018 MAR 29 PM 4:00
CLERK OF STATE
TALLAHASSEE, FL

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>
<u>V</u>	<u>ANTHONY CERULLO</u>	<u>13970 W HILLSBOROUGH AVE</u>	<input type="checkbox"/> Add
		<u>TAMPA FL 33635</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>V</u>	<u>DANA CERULLO</u>	<u>13970 W HILLSBOROUGH AVE</u>	<input checked="" type="checkbox"/> Add
		<u>TAMPA FL 33635</u>	<input 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
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input 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
			<input type="checkbox"/> Change

2004 SEP 15 PM 4:04
FILED
STATE
FL

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

N/A

E. Effective date, if other than the date of filing: AUGUST 19, 2024 (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 SEPTEMBER 5, 2024

Signature of a member or authorized representative of a member

ANTHONY CERULLO

Typed or printed name of signee

2024 SEP 16 PM 4:04
STATE
TALLAHASSEE, FL

Filing Fee: \$25.00