

L19000 282101

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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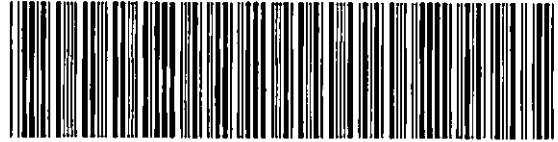
(Business Entity Name)

(Document Number)

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Al Harris Financing Limited Liability Company

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:

Al Harris

Name of Person

Al Harris Financing

Firm/Company

5017 SE Langfang Ave

Address

Arcadia, FL 34266

City/State and Zip Code

kristievia@gmail.com

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

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For further information concerning this matter, please call:

Kristie Via

941

915-6868

at ()

Name of Person

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)

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

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

Al Harris Financing Limited Liability Company

(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 11/12/2019 and assigned
Florida document number L19000282101.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Al Harris Financing, LLC

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)

5017 SE Langfang Ave

Arcadia, FL 34266

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

5017 SE Langfang Ave

Arcadia, FL 34266

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: Kristie Via

New Registered Office Address: 5017 SE Langfang Ave
Enter Florida street address

Arcadia, Florida 34266
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 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>
MGR	Kristie Via	5017 SE Langfang Ave	<input checked="" type="checkbox"/> Add
		Arcadia, FL 34266	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
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TALLAHASSEE, FL

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TALLAHASSEE, FL
TALLAHASSEE, FL
TALLAHASSEE, FL

7-20 PM 3:11
TALLAHASSEE, FL

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.

Dated May 02

2024

Signature of a member or authorized representative of a member

Kristie Via

Typed or printed name of signee

Filing Fee: \$25.00