

L20000136397

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

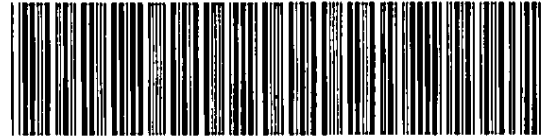
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10/01/20--01025--008 **25.00

FILED
2020 OCT -1 AM 10:06
CLERK OF STATE
TALLAHASSEE, FL

10/11/20

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: HEARTLAND PRECISION SOUTHEAST LLC

Name of Limited Liability Company

*File
3rd*

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

PETER G TSIRNIKAS

Name of Person

HEARTLAND PRECISION SOUTHEAST LLC

Firm/Company

19814 EAST ALTOONA ROAD

Address

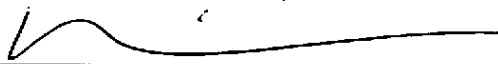
ALTOONA, FL 32702

City/State and Zip Code

PETE89@EMBARQMAIL.COM

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

For further information concerning this matter, please call:

 352 256-6127

Name of Person at () Area Code Daytime Telephone Number
Peter G Tsirnikas

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

HEARTLAND PRECISION SOUTHEAST 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 05/19/2020 and assigned
Florida document number L20000136397.

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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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:

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.

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	PETER M. TSIRNIKAS	1212 DORIS AVE, TAVARES, FL 32778	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	ZACHARY JOHN DARLINGTON	750 KING STREET, EUSTIS, FL 32726	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

FILED
2020 OCT -1 AM 10:06
CLERK OF CIRCUIT
JANICE L. COLEMAN

2020 OCT -11 AM 10:06
DEPT OF STATE
TALLAHASSEE, FL

100

2023 OCT -1 AH10:06

STATE
CLASSIFIED

(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 09-17 2020



PETER G. TSIRNIKAS

Typed or printed name of signee

Detail by Entity Name

Florida Limited Liability Company
HEARTLAND PRECISION SOUTHEAST, LLC

Filing Information

Document Number L20000136397
FEI/EIN Number 85-1189505
Date Filed 05/19/2020
Effective Date 05/19/2020
State FL
Status ACTIVE

Principal Address

19814 EAST ALTOONA ROAD
ALTOONA, FL 32702

Mailing Address

19814 EAST ALTOONA ROAD
ALTOONA, FL 32702

Registered Agent Name & Address

TSIRNIKAS, PETER G
19814 EAST ALTOONA ROAD
ALTOONA, FL 32702

Authorized Person(s) Detail

Name & Address

Title MGR

TSIRNIKAS, PETER G, MR.
19814 E ALTOONA ROAD
ALTOONA, FL 32702

Annual Reports

No Annual Reports Filed

Document Images

05/19/2020 -- Florida Limited Liability

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