# 120000718606

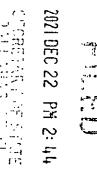
(Re	equestor's Name)	
(Ad	idress)	
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(Cit	ty/State/Zip/Phone	<del>:</del> #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
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Office Use Only



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D CUSHING

# **COVER LETTER**

TO: Registration Section Division of Corpor			
,	1	110	
SUBJECT:	HARLEY ELLIS	ted Liability Company	
		, , ,	
The enclosed Articles of Am	endment and fee(s) are subr	nitted for filing.	
Please return all corresponde	ence concerning this matter t	o the following:	
	MIRA	MELDRUM &	=<0
	TARM L.	MELDRUM &	·
	HARLEY E	Firm/Company	
		Firm/Company	
	11.913 1/2	OFWINESTERN W.	W STE 200
	2015 100	RTH WESTERN HO	<u>v,</u>
		/	
	SOUTHFIELD	MI 48033 City/State and Zip Code	
		City/State and Zip Code	
-	mmeldrum	ned, clesing	
	E-mail address: (1	o be used for future annual report	notification)
For further information conc	erning this matter, please ca	II:	
11. h	ad .	21/2 61	2 - 1828 yrime Telephone Number 175 44
Mame of Pe	THELDKUM	at ( <u>278)</u> Area Code Da	vtime Telephone Number
, mile of t			ri 🗲
Enclosed is a check for the fo	ollowing amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee &	⊠ \$55.00 Filing Fee &	□ \$60.00 Filing Fee,
	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy
		, , , , , , , , , , , , , , , , , , ,	(additional copy is enclosed)
Mailing Address:	<i>.</i> *	Street Address	
Registration Sec Division of Corp		Registration Division of	Corporations
P.O. Box 6327	Mattons		of Tallahassee
Tallahassee, FL	32314	2415 N. Mo	nroe Street, Suite 810

Tallahassee, FL 32303

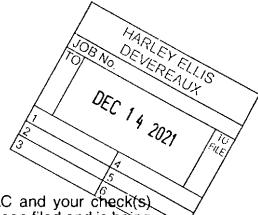


### FLORIDA DEPARTMENT OF STATE Division of Corporations

December 7, 2021

MARIA L MELDRUM, ESQ. 26913 NW HWY, STE 200 SOUTHFIELD, MI 48033

SUBJECT: HARLEY ELLIS, LLC Ref. Number: L20000218606



We have received your document for HARLEY ELLIS, LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FOREIGN LLC, but your entity is a FLORIDA LLC. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

TERARRA A SIMMONS **OPS** 

Letter Number: 521A00028737

THANK YOU FOR YOUR

ASSISTANCE.

PLEASE SEE ATTACHED

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

ARTICLES OF A	MENDMENT B
TO	CANIZATION COMPANY
ARTICLES OF OF	(GANIZATION E)
OF	
HARLEY ELLI	MENDMENT  RGANIZATION  S, LLC  as it now appears on our records.)
(Name of the Limited Liability Company (A Florida Limited Lia	bility Company)
The Articles of Organization for this Limited Liability Company w	were filed on $\frac{07/20/2020}{}$ and assigned
Florida document number <u>L 20000 2 18 60 6</u> .	, ,
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabili	ty 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)	
	<del></del>
B. If amending the registered agent and/or registered office ad agent and/or the new registered office address here:	dress on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address

#### 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.

City

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>	Address	Type of Action
MGR	ENRIQUE SUAREZ	6303 BLUE LAGOON AVE STE 310 MIAMI FL 33126	<b>X</b> Add
		MIAMI FL 33126	□Remove
			□Change
			□Add
			□Remove
			□Change
			□Remove
			□Change
	<del></del>		□Add
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Effect	live date, if other than the date of filing: (optional)
Note:	(optional) Tective date, if other than the date of filing:
e reco rd is fi	rd 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 iled.
Dated	December 16, 2021.
	(15, 0) Can/ser)
	(1260)
	Sygnature of a member or authorized representative of a member  Maria L Malbrum  Typed or printed name of signee

Filing Fee: \$25.00