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(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:	
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7/9/21

## **COVER LETTER**

TO: Registration S Division of Co			
	RT REAL ESTATE LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	JACK HART III		
		Name of Person	
	JACK HART REAL ESTA	ATE LLC	
		Firm/Company	
	112 ESSEX AVE #29D		
		Address	<del></del>
	ALTAMONTE SPRINGS	, FL, 32701	
		City/State and Zip Code	
	JACKHARTREALTOR@0	GMAIL.COM  (to be used for future annual report no	
For further information	concerning this matter, please c	•	(IIICation)
JACK HART III		407 310-0582	
Name	of Person	Area Code Daytii	me 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 Addre Registration		Street Address: Registration Se	ection
Division of	Corporations	Division of Co	orporations
P.O. Box 63 Tallahassee,		The Centre of 2415 N. Monro	Tallahassee oe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JACK HART REAL ESTATE 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  $\frac{6/03/2021}{6}$ and assigned This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: JACK HART III 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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 City 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.

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an effective d Sote: If the o	te, if other that is listed, the date inserted in fective date or	late must be sp this block do	pecific and ca oes not mee	innot be prior	r to date of f cable statut	iling or more	(o than 90 days : equirements,	after filing.) I	Pursuant to 605 rill not be liste	.0207 e ed as i
record speci I is filed.	fies a delayed o	effective date	, but not an	effective t	ime, at 12:	01 a.m. on t	the earlier of	f: (b) The	90th day after	the
JUNI	E 7TH		·	2021						
_	·	Signa	ture of a men	mber of auth	orized renn	sentative of:	a member			
		O E III	inci							

Filing Fee: \$25.00