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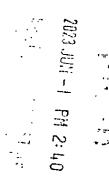
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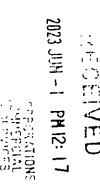


FLORIDA DEPARTMENT OF STATE Division of Corporations

December 20, 2022

COURTNEY PELLEGRINO 1344 WILDWOOD LN LUTZ, FL 33558 US

SUBJECT: HARTLEY ON MAIN ST Ref. Number: W22000156453



We have received your document for HARTLEY ON MAIN ST and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The entity must be active on our records.

The name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." The abbreviations "Ltd." and "Co.", also are no longer acceptable. Please amend your document accordingly.

On the first page of the document, there must be accurate information on the amendment, including the name of the Limited Liabilty Company as itappears in our records, the date the limited liability company was first filed on and the document number the limited liabilty company was assigned.,

If you have any further questions concerning your document, please call (850) 245-6052.

Summer Chatham Regulatory Specialist II New Filing Section

www.sunbiz.org

Letter Number: 222A00028359

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Haitley On Main St. 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:
COURMEN Pellegrino
Hartley On Main St. UC
1344 WILDOW Ln.
City/State and Zip Code
hartleyonn Jinsta annual report notification)
For further information concerning this matter, please call:
CDUTTHEY Pellegvind at (389), 208-5579 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee S30.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) S55.00 Filing Fee & Certified Copy (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

HARLEY ON MAIN S	y as il now appears on our records.)	<u> </u>	
(A Florida Limited Li	ability Company)		
The Articles of Organization for this Limited Liability Company of Florida document number <u>L2 004005</u> 28	were tiled on	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil to the new name must be distinguishable and contain the words "Limited Hability In the new name must be distinguishable and contain the words "Limited Hability In the new name must be distinguishable and contain the words "Limited Hability In the new name must be distinguishable and contain the words "Limited Hability In the new name of the limited liability in the new name of the liabilit	LC	or the abbreviation "L.P.C."	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
)	
Enter new mailing address, if applicable:		7E-,	
(Mailing address MAY BE A POST OFFICE BOX)		70	
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		40	
B. If amending the registered agent and/or registered office at agent and/or the new registered office address here:	ddress on our records, <u>enter th</u>	ne name of the new registered	
Name of New Registered Agent:	1		
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 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
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			□Change
			□Add
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	late, if other than the date of fi	ling:	(optional)	-
Effective (e date is listed, the date must be specific	ot meet the applicable.	te of filing or more than 90 days statutory filing requirement	s after filing.) Pursuant to 60. s, this date will not be lis	5,0207 (3)(b) ted as the
If an effectiv <u>Note:</u> If th	s effective date on the Department of				
If an effective Note: If the document'		not an effective time, a	at 12:01 a.m. on the earlier (of: (b) The 90th day afte	er the
If an effective Note: If the document'	s effective date on the Department of	not an effective time, a	at 12:01 a.m. on the earlier of	of: (b) The 90th day afte	er the
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Elling Foot \$25.00

ANOTARY PUBLIC)
ESTATE OF FLORIDA
Comm# GG256033
CE1919 Expires 9/6/2022