

L22 000 365 571

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

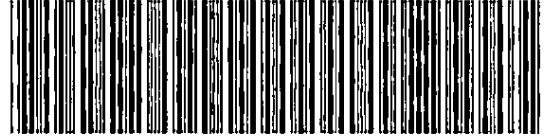
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900395492269

10/18/22--01018--013 \*\*25.00

FILED  
2022 OCT 18 AM 9:27  
CLERK OF STATE  
TAMPA, FL

~~RECEIVED~~  
R. HUNT



John K. Carter Law, P.A.  
Working hard for you

*John K. Carter Law is affiliated with Grad Law Professional Corporation – Ontario, Canada*

October 11, 2022

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

To Whom It May Concern,

Please see the enclosed amendment to HARVARD ENTERPRISE, LLC 1 and \$25,000 check. If you have any questions or concerns, please contact our office at the number below. Thank you for your time.

Respectfully,  
Gabrielle Mientek  
Legal Assistant  
Law Office of John K. Carter, PA  
johnkcarterlaw.com  
gabrielle@johnkcarterlaw.com  
727-456-8970

FILED  
OCT 11 2022  
TALLAHASSEE, FL  
9:27 AM

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: HARVARD ENTERPRISE, LLC 1

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:

David Kives

Name of Person

HARVARD ENTERPRISE, LLC 1

Firm/Company

11250 1st Street E.

Address

Treasure Island, FL 32706

City/State and Zip Code

doltonventurellc@gmail.com

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

RECEIVED  
DIV OF STATE  
CORPORATIONS  
TALLAHASSEE, FL  
JUN 18 AM 9:21

For further information concerning this matter, please call:

David Kives

815 671-7162

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**

HARVARD ENTERPRISE, LLC 1

(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 08/22/2022 and assigned  
Florida document number 122000365571.

This amendment is submitted to amend the following:

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

N/A

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:**

N/A

**(Principal office address MUST BE A STREET ADDRESS)**

**Enter new mailing address, if applicable:**

N/A

**(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:

David Kives

New Registered Office Address:

11250 1st Street E.

Enter Florida street address

Treasure Island

Florida 33706

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	Kirstin M. Kives	24739 S. Champion Drive	<input type="checkbox"/> Add
		Plainfield, IL 60585	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

10010118 AM 9:21  
CLERK OF STATE  
TAMPA, FL

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

N/A

FILED  
2022 OCT 18 AM 9:27  
CLERK OF STATE  
TAMPA, FL

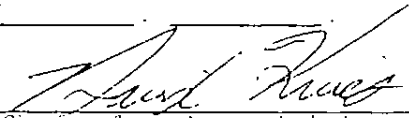
E. Effective date, if other than the date of filing: N/A (optional)

(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)

**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.

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 10-7-22

  
Signature of a member or authorized representative of a member

David Kives

Typed or printed name of signee