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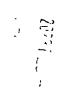
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COVER LETTER

TO:

TO:		stration Se sion of Cor			
CUDIC		Harney Foo	od Plaza LLC		
SUBJE	CI:		Name of Lin	nited Liability Company	
The enc	losed	Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please re	eturn	all correspo	ondence concerning this matter	to the following:	
			Timmy Philip		
				Name of Person	
			Harney Food Plaza LLC		
				Firm/Company	
			1801 Prairic Grass Lane		
				Address	
Valrico, FL 33594					
			abcd007@hotmail.com	City/State and Zip Code abcd 007 Stev 8 ho	Email-com
				to be used for future annual report no	
For furth	ner inf	ormation co	oncerning this matter, please c	ull:	
Timmy	Philip			813 516-6141	
		Name of	Person	Area Code Daytir	ne Telephone Number
Enclosed	isad	check for th	e following amount:		
≅ \$ 25.	00 Fil	ling 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)
	Regi Divi P.O.	ng Address stration S sion of Co Box 632 ahassee, F	ection orporations 7	Street Address: Registration Se Division of Co The Centre of 2415 N. Monro Tallahassee, FI	rporations Fallahassee oc Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Harney Food Plaza 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 1/23/2023 and assigned

Florida document number 1.23000039773

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 "L.C." or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

(Principal office address, if applicable:
(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 affice address here:

Name of New Registered Agent:

New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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

Enter Florida street address

·lf 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

Title	<u>Name</u>	Address	Type of Action
AMBR	Felix Chacko Baby	421 Arch Ridge Loop	\B\\dd
		Seffner, FL 33584	□Remove
			Change
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ective date, if other than the neffective date is listed, the date mute: If the date inserted in this becament's effective date on the f	ust be specific and cannot be prior to dat block does not meet the applicable s	e of filing or more than 90 days	p tional) after filing.) Pursuant to 605.02 this date will not be listed
ecord specifies a delayed effecti s filed.	ve date, but not an effective time, a	t 12:01 a.m. on the earlier of	f: (b) The 90th day after th
January 30	2023		
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	<i>[</i>		

Filing Fee: \$25.00