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COVER LETTER

TO: Registration Section **Division of Corporations**

A&M HAR SUBJECT:	BOR HOME LLC			
SUBJECT.	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	MARISA VILLAFANA-B	ONES		
		Name of Person		
	A&M HARBOR HOME L	LC		
		Firm/Company		
	10 WEBSTER ST			
		Address		
	VALLEY STREAM, NY	11580		
	• • • • • • • • •	City/State and Zip Code		
	amharborhome@gmail.com			
	E-mail address: (to be used for future annual report notification	1)	200
For further information co	oncerning this matter, please co	all:	<u>.</u> 2 .	2023 J
MARISA VILLAFANA	JONES	917 642-9437 at ()		.:
Name o	f Person	at () Area Code Daytime Telep	hone Number	-:
Enclosed is a check for th	ne following amount:			A (5
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fe Certificate of St Certified Copy (additional copy is a	tatus &

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

A&M HAR	RBOR HOME LLC	
(Name of the Limited Liabilit (A Florida	y Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co	ompany were filed on JANUARY 26, 2023	and assigned
Florida document number L23000050009		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
The new name must be distinguishable and contain the words "Limi	ited Liability Company," the designation "LLC" or	
Enter new principal offices address, if applicable:		27.17
(Principal office address MUST BE A STREET ADDR	ESS)	
		<u>-</u> نام
		· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		Ğı
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	l office address on our records, <u>enter the</u>	e name of the new registere
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	. Floric	da
	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>	Address	Type of Action
AMBR	MARISA VILLAFANA-JONES	10 Webster St, Valley Stream, NY 11580	\
			□Remove
			□Change
			□ Add
			□Remove
		· · · · · · · · · · · · · · · · · · ·	□Change
			. ` ; Add `
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	specific and cannot be prior to date of fi does not meet the applicable statute	(optional) ling or more than 90 days after filing.) Pursuant to 605.0 ory filing requirements, this date will not be listed
ecord specifies a delayed effective dais filed.	ite, but not an effective time, at 12:0	01 a.m. on the earlier of: (b) The 90th day after t
May 19	2023	
<u> </u>	•	
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