

L23000234112

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the tax audit number (shown below) on the top and bottom of all pages of the document.

((H24000361496 3)))



H240003614963ABC2

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : ALPHA ACCOUNTING AND TAX SERVICES LLC
Account Number : I20230000117
Phone : (786)800-8568
Fax Number : (786)345-7092

2024 OCT 30 PM 4:20
FILED
STATE OF FLORIDA
TALLAHASSEE

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN HAR SERVICES LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

K. SALY

OCT 31 2024

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: HAR SERVICES 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:

Yailem Suarez

Name of Person

Elite Insurance & Taxes

Firm/Company

13255 SW 137 Ave Suite 210

Address

Miami, FL 33186

City/State and Zip Code

info@eliteinsuranceandtaxes.com

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

For further information concerning this matter, please call:

Yailem Suarez

786 570-0911
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

FILED
2024 OCT 30 PM 4:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

HAR SERVICES 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 _____ and assigned
Florida document number L23000234112.

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 "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:

Rolando Kang

New Registered Office Address:

711 S ROYAL POINCIANA BLVD APT 21

Enter Florida street address

MIAMI SPRINGS

Florida 33166

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.


Rolando Kang, Oct 29, 2024 13:06 (EDT)

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>
AMBR	Rolando Kang	711 S ROYAL POINCIANA BLVD APT 21	<input checked="" type="checkbox"/> Add
		MIAMI SPRINGS, FL 33166	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Ricardo Ruiz	711 S ROYAL POINCIANA BLVD APT 21	<input type="checkbox"/> Add
		MIAMI SPRINGS, FL 33166	<input checked="" 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

2024 OCT 30 PM 4:20
 SECRETARY OF
 TALLAHASSEE, FLORIDA

FILED

