## L24000047939

(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:	
W240000 629 68	
Incorrect form	
Rec : 115/24	

Office Use Only



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## **COVER LETTER**

TO: Registration Section of Corp		•	
SUBJECT:	Hara A	Mame Shop ted Liability Company	
SOBJECT.	Name of Limit	ted Liability Company	
The enclosed Articles of A	mendment and fee(s) are subn	nitted for filing.	
	dence concerning this matter t		
	Ann	name of Person	
	Hara	Anime Shop Firm/Company	<u>.</u>
	1419 AU	I D NE Address	
	winter Ha	City/State and Zip Code  Shop@ojmcil ( o be used for future and all report notified)	81
	Havo Anime E-mail address. (1)	Shop@ojmail (objected for future and und report notific	cation)
For further information co	ncerning this matter, please ca	ill:	
Annie R Name of	dan W Person	at (UOT) USZ Area Code Daytime	- 7512 Telephone Number
Enclosed is a check for the	e following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy tadditional copy is enclosed)
Mailing Address Registration S		Street Address: Registration Sec	tion

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

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

(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) iability Company)
The Articles of Organization for this Limited Liability Company Florida document number	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	
he new name must be distinguishable and contain the words "Limited Liabil	ity Company, the designation LLC or the appreviation L.L.C.
Enter new principal offices address, if applicable:	202 Burns Lane
Principal office address MUST BE A STREET ADDRESS)	winter haven, FL
	winter haven, FL 33884
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
3. If amending the registered agent and/or registered office angent and/or the new registered office address here:	address on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
<del></del>	, Florida
	Cur 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
			□Add
		<del></del>	□Remove
			□Change
			□Remove
			□Change
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Note:	we date, if other than the date of filing: ()   25   24 (optional)  ective 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)  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ent's effective date on the Department of State's records.
the record	I 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 ed.
Dated_	May 3 . 2024.
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00



April 22, 2024

ANNIE BLANCO 1419 AVE D NE WINTER HAVEN, FL 33881

SUBJECT: HAR ANIME SHOP LLC Ref. Number: L24000047939

We have received your document for HAR ANIME SHOP LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a FLORIDA LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 424A00008666

Anissa Butler Regulatory Specialist II

www.sunbiz.org