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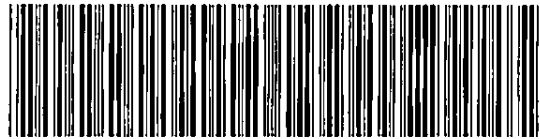
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SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Harbor Seay, 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:

Christopher J. Leddy, Jr., Esq.

Name of Person

Heritage Law Firm

Firm/Company

12724 Gran Bay Pkwy, W, Suite 410

Address

Jacksonville, FL 32258

City/State and Zip Code

chris.leddy@heritage.law

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

For further information concerning this matter, please call:

Christopher J. Leddy, Jr., Esq.

904 450-5350

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

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NOTES
REGISTERED

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	Kristin Seay	4392 Worth Drive East, Jacksonville, FL 32207	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Kristen Seay	4392 Worth Drive East, Jacksonville, FL 32207	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

(This area is for amendments. A diagonal line is drawn across the space.)

E. Effective date, if other than the date of filing: _____ (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 March 25, 2024

Signature of a member or authorized representative of a member

Christopher J. Leddy, Jr., Esq.

Typed or printed name of signer

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DEPT. OF STATE
TALLAHASSEE, FL

Filing Fee: \$25.00