L24000078304

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COVER LETTER

	Registration Sec Division of Corp			
eum irz	Harbor Seay	, ,LLC		
SUBJEC	J1:	Name of Limi	ted Liability Company	
The encl	osed Articles of A	Amendment and fee(s) are subt	nitted for filing.	
Please re	eturn all correspor	ndence concerning this matter t	to the following:	
		Christopher J. Leddy, Jr., E	isų.	
			Name of Person	
		Heritage Law Firm		
			Firm/Company	<u>-</u>
		12724 Gran Bay Pkwy, W.	Suite 410	
			Address	
		Jacksonville, FL 32258		
		chris.leddy@heritage.law	City/State and Zip Code	
			o be used for future annual report not	(fication)
For furth	er information co	ncerning this matter, please ca	ill:	
Christop	oher J. Leddy, Jr	Esq.	904 450-5350 at ()	
	Name of	Person	at () Area Code Daytin	ne Telephone Number
Enclosed	l is a check for the	e following amount:		
X 1 \$25.	00 Filing Fee	S30.00 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

2024 APR -1 PM 2: 54 SECH- AND OF STATE

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(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 February 13, 2024 and assigned orida document number 1.24000078304
his amendment is submitted to amend the following:
. If amending name, enter the new name of the limited liability company here:
ne new name must be distinguishable and contain the words "Limited Liability Company," the designation "LI.C" or the abbreviation "L.L.C"
nter new principal offices address, if applicable:
Principal office address MUST BE A STREET ADDRESS)
nter new mailing address, if applicable:
Aailing address MAY BE A POST OFFICE BOX)
. If amending the registered agent and/or registered office address on our records, enter the name of the new registe
gent and/or the new registered office address here:
No. 10 No
Name of New Registered Agent:
New Registered Office Address: Enter Florida street address
City , Florida Zip Code
ew Registered Agent's Signature, if changing Registered Agent:
thereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with a covisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and except the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is sing filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability ompany 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

Title	<u>Name</u>	Address	Type of Action
AMBR	Kristin Seay	4392 Worth Drive East, Jacksonville, FL 32207	□Add
			≡ Remove
			□Change
AMBR	Kristen Seay	4392 Worth Drive East, Jacksonville, FL 32207	■Add
			□Remove
			□Change
			□Add
			□Remove
		· · · · · · · · · · · · · · · · · ·	□Change
			□Add
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ffective date, if other than t an effective date is listed, the date of ote: If the date inserted in this ocument's effective date on the	nust be specific block does no	and cannot be po of meet the app	olicable statutor	g or more than 90 v filing requiren	ients, this date v	will not be listed as th
record specifies a delayed effectis filed.	tive date, but i	not an effectiv	e time, at 12:01	a.m. on the earl	ier of: (b) The	90th day a Rother TALL
March 25						
		/ /	_			
	/			ntative of a memb		PH 2: 55