

M 22 000002003

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

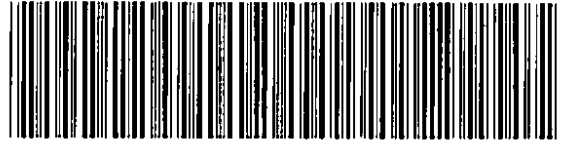
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer.

Office Use Only



200386639912

Amend

2022 APR 27 AM 11:38

FILED

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

2022 APR 27 PM 3:57

RECEIVED


A. RAMSEY

MAY - 3 2022

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 642644 8029819

AUTHORIZATION : 

COST LIMIT : \$ 25.00

ORDER DATE : April 27, 2022

ORDER TIME : 2:04 PM

ORDER NO. : 642644-005

CUSTOMER NO: 8029819

FOREIGN FILINGS

NAME: HARNESS HOMES GROUP III LLC

____ CORPORATE
____ LIMITED PARTNERSHIP
XX LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX PLAIN STAMPED COPY
____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyllena Baker -- EXT#

EXAMINER: _____



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 29, 2022

CSC

RESUBMIT

Please give original
submission date as file date.

SUBJECT: HARNESS HOMES GROUP III LLC
Ref. Number: M22000002003

We have received your document for HARNESS HOMES GROUP III LLC and the authorization to debit your account in the amount of \$25.00. However, the document has not been filed and is being returned for the following:

PLEASE CORRECT #4 OF THE APPLICATION WITH THE DATE OF 02/08/2022 FOR THE DATE AUTHORIZED TO DO BUSINESS IN THE STATE OF FLORIDA. SEE PRINT-OUT ATTACHED.

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.

Darlene Connell
Regulatory Specialist II Supervisor

Letter Number: 122A00010026

RECEIVED
2022 MAY -2 PM 3:29
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of
State: HARNES HOMES GROUP III LLC

Enter new principal office 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)** _____

2. The Florida document number of this limited liability company is: M22000002003

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 02/08/2022

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: _____
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer 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: _____

New Registered Office Address: _____

Enter Florida Street Address

_____, Florida _____

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

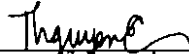
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2022 APR 27 AM 11:38
TALLAHASSEE, FLORIDA
STATE DEPARTMENT OF REVENUE

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Manager	CTR Manager LLC	1142 Edgewood Ave S	<input checked="" type="checkbox"/> Add
		Jacksonville, FL 32205	<input type="checkbox"/> Remove
Member	Charles E. Sessa	1142 Edgewood Ave S	<input checked="" type="checkbox"/> Add
		Jacksonville, FL 32205	<input type="checkbox"/> Remove
Member	Anthony Aiello	1142 Edgewood Ave S	<input checked="" type="checkbox"/> Add
		Jacksonville, FL 32205	<input type="checkbox"/> Remove
Manager	Robert Bremmer	PO Box 40844	<input type="checkbox"/> Add
		Jacksonville, FL 32205	<input checked="" type="checkbox"/> Remove
Member	Robert Bremmer	PO Box 40844	<input checked="" type="checkbox"/> Add
		Jacksonville, FL 32205	<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.



Signature of the authorized representative

Tessa Eckowitz

Typed or printed name of signee

Filing Fee: \$25.00