

M220000006479

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

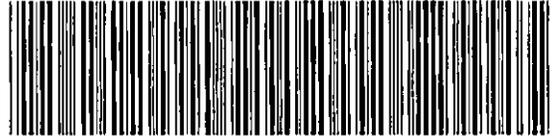
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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2022 MAY -3 AM 8:49
SECTION OF STATE
TALLAHASSEE, FL

FILED

SECTION OF STATE
TALLAHASSEE, FL

2022 APR 29 PM 12:20

RECEIVED

5/4/2022

**CORPORATE
ACCESS,
INC.**

When you need ACCESS to the world

236 East 6th Avenue, Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

PICK UP: 4/29 DANNY

CERTIFIED COPY _____

XX PHOTOCOPY _____

CUS _____

XX FILING Arts OF CORRECTION

1. HARVEST TIME FL, LLC.
(CORPORATE NAME AND DOCUMENT #)

2. _____
(CORPORATE NAME AND DOCUMENT #)

3. _____
(CORPORATE NAME AND DOCUMENT #)

4. _____
(CORPORATE NAME AND DOCUMENT #)

5. _____
(CORPORATE NAME AND DOCUMENT #)

6. _____
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL
INSTRUCTIONS:**

FLA0000000011
\$ 2.5.00
Mulu B...

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: HARVEST TIME FL, LLC.
Name of Corporation

DOCUMENT NUMBER: M22000006479

The enclosed Articles of Correction and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

LISA TROCколи
Name of Contact Person

YACHT DOCUMENTATION
Firm/Company

1950 NE 6th ST. # 937
Address

POMPANO BEACH, FL. 33061-2546
City/State and Zip Code

lisa@yachtdoc.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LISA TROCколи at (954) 366-1362
Name of Contact Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$35.00 Filing Fee
- \$43.75 Filing Fee & Certificate of Status
- \$43.75 Filing Fee & Certified Copy
- \$52.50 Filing Fee, Certificate of Status & Certified Copy

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 2, 2022

CORPORATE ACCESS, INC.

SUBJECT: HARVEST TIME FL, LLC.
Ref. Number: M22000006479

We have received your document for HARVEST TIME FL, 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:

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

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.

Claretha Golden
Regulatory Specialist II

Letter Number: 022A00010107

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

2022 MAY -3 AM 10:26

RECEIVED

Corrected

**STATEMENT OF CORRECTION
FOR
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

FILED

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document 2022 MAY -3 AM 8:50

FIRST: The name of the limited liability company is: HARVEST TIME FL, LLC.

SEC. _____ J. STATE
TALLAHASSEE, FL

SECOND: The Florida Document number of the limited liability company is: M22000006479

THIRD: Document to be corrected is: APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY

(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT

- Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

PRINCIPLE ADDRESS IS LISTED INCORRECTLY AND SHOULD BE:

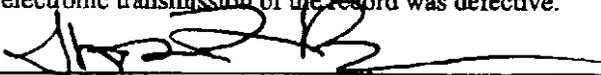
1950 NE 6th ST. #937. POMPANO BEACH, FL. 33061-2546

OR

- Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

OR

- The electronic transmission of the record was defective.



Signature of Authorized Representative

Date

5/2/22

Signature of new registered agent, if applicable :(NOTE: if correcting the registered agent, the new registered agent must sign accepting the designation).

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.

Registered Agent's Signature

Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)