A9300000037

ALIAN M. LERNER (Requestor's Name)	
2888 E. Oalland Pk. (Address)	Bluc
(Address) FORT LAUderdal TLZ (City/State/Zip/Phone #)	
PICK-UP WAIT N	
HARMON Y PARTNERS (Business Entity Name)	LTD
A9300000039 (Document Number)	
Certified Copies Certificates of Status _	
Special Instructions to Filing Officer:	
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J. SAULSBERRY EXAMINER

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CÖVER LETTER

TO: Registration Section
Division of Corporations

Name of Florida Limited Part	nership or Limited Liability Limited Partnership
The enclosed Certificate of Amendment an	d fee(s) are submitted for filing.
Please return all correspondence concerning	g this matter to:
AIIAN M LERNE Contact Person Firm/Company Address	R Han m. Lerner Park Blud
Fort Lauderdale, Fl. City, State and Zip Code	· 33306
E-mail address: (to be used for future annual r	PARYOF STAR ASSECTION ASS
For further information concerning this ma	tter, please call:
AIAN M. LETNEY Name of Contact Person	at (954) 563-8111 Area Code and Daytime Telephone Number
Enclosed is a check for the following amou	int:
\$52.50 Filing Fee 3861.25 Filing Fee and Certificate of Status	\$105.00 Filing Fee and Certified Copy Certified Copy, and Certificate of Status
*STREET ADDRESS: Régistration Section Division of Corporations Clifton Building 2661 Executive Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314
Tallahassee, FL 32301	1 0.1 0.1 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.

CERTIFICATE OF AMENDMENT CERTIFICATE OF LIMITED PARTNERSHIP Insert name currently on file with Florida Department of State Pursuant to the provisions of section 620.1202, Florida Statutes, this Florida limited partnership or limited liability limited partnership, whose certificate was filed with the Florida Department of State on _____, assigned Florida document number A9300000039 adopts the following certificate of amendment to its certificate of limited partnership. This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited partnership or limited liability limited partnership New name must be distinguishable and contain an acceptable suffix. Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd. Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP. B. If amending mailing address and/or principal office address, enter new mailing address and/or principal office address here: (Must be STREET address) New Mailing Address: (May be post office box) If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

AUDERDAIC, Florida

Name of New Registered Agent:

New Registered Office Address:

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.

If Changing Registered Agent, Signature of New Registered Agent

D. If amending the general partner(s), enter the name and business address of each general partner being added or removed from our records:

<u>Title</u>	Name.	Address	Type of Action
GP	HAROLD AITM	MAN III N. Pompano to Swite 1904 Pompano Bohi; I	NDW Add I Remove 33062
<u>6</u> +	HARMONY SERVICE	2883 C. Oakland Tk	□Add □Remove L33306
			Add 2011 FEB -9 PH 1 Remove Remove
			Add Remove
limited partnership	" status, enter change her	ility limited partnership is ame e: be a "Limited Liability Limited l	
This Limited	Partnership hereby remove	s its "Limited Liability Limited Parted partnership" status, all general part	artnership" status.

F. If amending any other information,	nter change(s)	here: (Attac	h additiona	l sheets	, if neces	ssary.)	
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Same of the state			<u>.</u>				—
Effective date, if other than the date of filin (Effective date cannot be prior to nor more than 90 (State.)	g: days after the da	te this documer	it is filed by	the Flor	rida Depa	irtment	of.
Signature(s) of a general partner or all ge	eneral partne	rs*:					
(*NOTE: Only one current general partner is requiremoving a "limited liability limited partnership" elewhen adding or removing a "limited liability limited	ection statement.	Chapter 620,	F.S., require:	partners s all ger	ship is ado neral parti	ding or ners to s	ign
HARMONY SERVICES, LLC					A is	20	—
BY: L. MARK FREEDMAN, III	•			•		=	
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Signature(s) of all new or dissociating gen	neral partner	(s), if any:	• •	•	ORIC ORIC	=	المييدا
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Filing Fee: \$52.50 Certified Copy (optional): \$52.50 Certificate of Status (optional): \$8.75		. ,					