L02000034734

(F	Requestor's Name)	
(<i>J</i>	Address)	
	Address)	
(0	City/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL MAIL
(E	Business Entity Name)	
	Document Number)	
Certified Copies	Certificates of S	tatus
Special Instructions t	o Filing Officer:	





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COVER LETTER

TO: Registration Sect Division of Corp		·	:
	IY FLOORS, LLC		
SUBJECT:	Name of Limit	ed Liability Company	
The enclosed Articles of A	mendment and fee(s) are subn	nitted for filing.	
Please return all correspon	dence concerning this matter (o the following:	
	JEANNETTE BARONE		
		Name of Person	
	JB ACCOUNTING SOLU	TIONS INC	
		Firm/Company	
	P O BOX 356		
		Address	-
	LITHIA FL 33547		
		City/State and Zip Code	
	JEANNETTEBARONE@G	MAIL.COM o be used for future annual repor-	notification)
For further information ec	oncerning this matter, please ca		
JEANNETTE BARONE		813 240-758 at ()	
Name of	Person	Area Code Di	sytime Telephone Number
Enclosed is a check for th	ic following amount:		
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Registr Divisio	ING ADDRESS: ration Section on of Corporations ox 6327	STREET/CC Registration 5 Division of C Clifton Build	orporations

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HARMONY FLOORS LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) 2019 HAY 13 A 1: Bu Florida document number L02000034734 FROM A WAR STATE TALLAHASSEE, FLORIDA This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: HARMONY FLOORS & HANDYMAN SERVICES, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices 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) B. 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: Name of New Registered Agent: New Registered Office Address: Enter Florida street 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 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

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 = N $AMBR = A$	lanager authorized Member		
<u>Title</u>	Name	Address	Type of Action
			\ \ \
			☐ Remove
			Change
			☐ Add
			□ Remove
			Change
			☐ Change
		☐ Remove	
			☐ Change
		· · · · · · · · · · · · · · · · ·	□ Remove
			□ Change
		□ Remove	
			□ Change

). If ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an ef <u>Note:</u>	rive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
Dated	Signature of a member or authorized representative of a member
	DEREK ADAMS

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Typed or printed name of signee

Filing Fee: \$25.00