## L08000054641

Office Use Only



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C. LEWIS

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EXAMINER

## **COVER LETTER**

SUBJECT:	Harmoni	Longwood LLC				
Name of Limited Liability Company						
	of Amendment and fee(s) are sul	_				
Please return all corres	pondence concerning this matter	to the following:				
	۸+la	Name of Person  ntic Coast Management				
601. N. New York Ave. Suite 201						
		Address				
Winter Park, Florida 32789  City/State and Zip Code						
Russell@davgarinc.com  E-mail address: (to be used for future annual report notification)						
For further information	concerning this matter, please of	all:				
Russell Barkett Name of Person		at ( 407 ) 647-4300  Area Code & Daytime Telephone Number				
Enclosed is a check for	the 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)			
MAILING ADDRESS:		STREET/COURIER ADDRESS:				

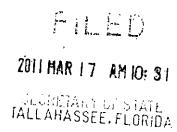
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

TO

Registration Section Division of Corporations

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



N. C.	<u>Harmoni Lon</u>	gwood LLC			
(Name of the Limited)	A Florida Limited L	ny as it now appear: Liability Company)	s on our records.		
The Articles of Organization for this Limited I Florida document numberL0800005		were filed on	6/02/2008	and assigned	
This amendment is submitted to amend the fol	_				
A. If amending name, enter the new name of	of the limited liab	ility company here	2:		
The new name must be distinguishable and end w "L.L.C."	ith the words "Limi	ted Liability Compar	ny," the designation "L	LC" or the abbreviation	
Enter new principal offices address, if applie	cable:				
(Principal office address MUST BE A STRE	ET ADDRESS)				
Enter new mailing address, if applicable:	Atlantic Coast Management				
(Mailing address MAY BE A POST OFFICE	601. N. New York Ave. Suite 201				
		Winter Park, F	L 32779		
B. If amending the registered agent and registered agent and/or the new registered o			ur records, <u>enter t</u>	he name of the new	
Name of New Registered Agent:	kett				
New Registered Office Address:	601. N. New	601. N. New York Ave. Suite 201			
		Ente	er Florida street addi	ress	
	W	/inter Park	, Fłorida	32779	
		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 608, 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 the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being</u> added or removed from our records:

MGR = Manager

MGRM = Managing Member

<u>Title</u> <u>Name</u> **Address Type of Action** □ Add Remove Remove Add \_ Remove  $\prod Add$ Remove Add Remove  $\square$ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) March 8 Dated \_\_\_\_ Signature of a member or authorized representative of a member John L. Gabrovic Typed or printed name of signee

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Filing Fee: \$25.00