# L10000030268

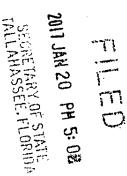
(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	; #)
PICK-UP	MAIT WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
		-
	·	





000292675310

12/05/16--01042--025 \*\*35.00



K. SALY JAN 20 2017





ZOIT JAN 20 PM 2: 46
TALLAHASSEE, FLORIDA

December 7, 2016

LIOR KROLEWICZ 1625 SE 46TH ST. SUITE 5A CAPE CORAL, FL 33904

SUBJECT: HARMONY INTERNATIONAL INVESTMENTS, LLC

Ref. Number: L10000030268

We have received your document for HARMONY INTERNATIONAL INVESTMENTS, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6051.

Karen A Saly Regulatory Specialist II

Letter Number: 916A00026025

## COVE

### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORA	ATION: Harmony Internation	onal Investments	
DOCUMENT NUMBE			
The enclosed Articles of	Amendment and fee are su	bmitted for filing.	
Please return all correspondent	ondence concerning this ma	tter to the following:	
L	ior Krolewicz		
_		Name of Contact Person	n
_		Firm/ Company	
10	625 SE 46th Street Ste. 5A		
_		Address	
<u>C</u>	ape Coral FL 33904		
		City/ State and Zip Code	e
etrumpe	er@weissaccountants.com		
	E-mail address: (to be us	ed for future annual report	notification)
For further information of	oncerning this matter, pleas	e call:	
Elena Trumper		at (	549-2140
Name of	Contact Person		de & Daytime Telephone Number
Enclosed is a check for the	he following amount made p	payable to the Florida Depa	rtment of State:
■ \$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
		Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle ssee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORCANIZATION

S D
5: C
ATE RIDA
ATE RIDA
_
<del></del>
_
new

#### New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

Florida

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 = Manager AMBR = Authorized Member	•		

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AUBR	William Krolewicz	1625 SE 46th St. 87e. 5A Cappe Coral FL 33904	Add
		Cape Coral FL 33904	☐ Remove
			☐ Change
	<del></del>		Add
			Remove
			Change
<del></del>			SECURE TO SECURE
		<u> </u>	Add The Change Phane Add
<del></del>			Add Add
			Remove
			□ Change
			Add
			□ Remove
			Change
			Add
			Remove
			☐ Change

_	
<del></del>	
_	
	20
	TO 3
<del></del> -	To y
_	
Effectiv	e date, if other than the date of filing: (optional)
lf an effec	tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 fithe date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
	nt's effective date on the Department of State's records.
a reco	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of
The 9	90th day after the record is filed.
	01/16/17 /
Dated _	<u> </u>
	HI HATT
	A signature of a member or authorized representative of a member  Eug / Myses  Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00