

Division of Corporations

Page 1 of 1

**L10000051513**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H11000280195 3)))



H110002801953ABC.

**Note: DO NOT** hit the REFRESH/RELOAD button on your browser from this page.  
Doing so will generate another cover sheet.

To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : LEGALZOOM.COM INC.  
Account Number : I20010000062  
Phone : (323) 962-8600  
Fax Number : (323) 962-3889

**L. SELLERS**  
**NOV 30 2011**  
**EXAMINER**

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

**Email Address:** \_\_\_\_\_

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
VETERANS BARE KNUCKLE VENDING LLC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$55.00

**RECEIVED**  
**11 NOV 29 PM 2:32**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

**FILED**  
**11 NOV 29 PM 11:37**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

[Electronic Filing Menu](#)[Corporate Filing Menu](#)[Help](#)

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: VETERANS BARE KNUCKLE VENDING LLC**  
(Name of Limited Liability Company)

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Barbara Dang  
(Name of Person)

Legalzoom.com, Inc.  
(Firm/Company)

100 W. Broadway Suite 100  
(Address)

Glendale, CA 91210  
(City/State and Zip Code)

For further information concerning this matter, please call:

Barbara Dang at ( 323 ) 962-8600  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☐ \$25.00 Filing Fee    ☐ \$30.00 Filing Fee & Certificate of Status    ☒ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)    ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

**VETERANS BARE KNUCKLE VENDING LLC**

**(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)**

The Articles of Organization for this Limited Liability Company were filed on 05/26/2010 and assigned  
Florida document number L10000056573.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

Harmonic Enterprises LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**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)

Florida

(City)

**FILED**  
**11 NOV 29 PM 11:37**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

**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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	NIGEL WILLIAMS	4131 SW 56TH TERR. FT. LAUDERDALE FL 33314 US	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	NIGEL WILLIAMS	9220 Ne 2nd Ave Miami Shores, FL 33138	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)


Article II - The street address of the principal office of the Limited Liability Company shall be:

9220 Ne 2nd Ave., Miami Shores, FL 33138

The mailing address of the Limited Liability Company shall be:

9220 Ne 2nd Ave., Miami Shores, FL 33138

Dated 17 Nov, 2011

  
Signature of a member or authorized representative of a member

Nigel Williams

Typed or printed name of signee