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SECRETARY OF STATE

J. SAULSBERRY EXAMINER

JUL 20 2011

COVER LETTER

Registration Section

TO:

Division of Co	orporations		
SUBJECT: H		TART & MAINTENANCE L ited Liability Company	LC
	Number of Emil	nod Blaumiy Company	
The enclosed Articles o	f Amendment and fee(s) are sul	bmitted for filing.	
Please return all corresp	ondence concerning this matter	r to the following:	
	J	OANNE W WEBSTER	.,,
		Name of Person	
	JOANNE	WEBSTER SECRETARIAL	
		Firm/Company	
		700B BEAL PKWY N	7201 TAL
		Address	- JU
	FT W/	ALTON BEACH, FL 32547	TILEL JULI9 AM 8 CRETARY OF ST LAHASSEE. FLC
		City/State and Zip Code	
		newwebster@yahoo.com	AH S
	E-mail address: (to be used for future annual report notification	8: 57
For further information	concerning this matter, please of	call:	
JOAN	NE W WEBSTER	at (850) 862	-0903
Name	of Person	Area Code & Daytime Tele	phone 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)
Regis Divisi P.O. I	LING ADDRESS: tration Section on of Corporations Box 6327 tassee, FL 32314	STREET/COURIER A Registration Section Division of Corporations Clifton Building 2661 Executive Center C Tallahassee, FL 32301	3

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

HARMONY FRESH CLEANING & MAINTENANCE 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 Liab	ility Company were filed on	06/24/2010	and assigned	
Florida document number L100000672	76 .			
This amendment is submitted to amend the follow	ing:			
A. If amending name, enter the new name of the	ne limited liability company he	ere:		
	N/A			
The new name must be distinguishable and end with t "L.L.C."	he words "Limited Liability Comp	pany," the designation "I	LC" or the abbreviation	
Enter new principal offices address, if applicab	le: <u>N/A</u>			
(Principal office address MUST BE A STREET	ADDRESS)		<u> </u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO) B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on	our records, <u>enter</u> (CRETARY OF STATE AHASSEE, FLORIDA the name of the new	
	N/A			
raine at New Registered rigent.				
New Registered Office Address:	E	nter Florida street add	iress	
		, Florida		
	City		Zip Code	
New Registered Agent's Signature, if changing Res	vistered 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>	Name	£	Address	3	Type of A	tion
MGR	PURA HERNANDI		2717 WILLOW GROVE LAN FT WALTON BEACH FL 32547	E [☐ Add ☑ Remove	
					Add Remove	
					Add Remove	
					Add Remove	
<u></u>]Add]Remove	
]Add]Remove	
D. If amen	ding any other informatio	n, enter change(s)	here: (Attach additional sheets, if	necessary.) TALLAHASSEE		
	,			SEE FLORIDA		
Dated	07/13	, 2011				
	Signat	ure of a member of at	thorized representative of a member			
			DO ARROYO			
		Typed or pr	inted name of signee			

Page 2 of 2

Filing Fee: \$25.00