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## **COVER LETTER**

TO: Registration Section ' Division of Corporations
SUBJECT: Harmony Estates 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:
Michael Ball Name of Person
Firm/Company
3695 Olde Cottage Lane
Bonita Springs FL 34134  City/State and Zip Code  teach 1674 (a) ymuil. Com  E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Michael Ball at (340) 514 - 3251  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & Certificate of Status \$\Bigcup \$\text{Certified Copy} \\ (additional copy is enclosed) \$\Bigcup \$Certified C

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

Name (A. Linda Linda C		
(Name of the Limited Liability Compa (A Florida Limited)	any as it now appears on ou Liability Company)	r records.)
(Name of the Limited Liability Compa (A Florida Limited)  The Articles of Organization for this Limited Liability Company Florida document number	were filed on <u>DC+ob</u>	er 2, 2012 and assigned TT
This amendment is submitted to amend the following:		50
A. If amending name, enter the new name of the limited liab	oility company here:	÷
The new name must be distinguishable and contain the words "Limited Liabi		
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	3695 D Bonita S	1de Cottage Lane prings, FL 34134
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	3695 Old Bonita S	de Cottage Lane orings, FL 34134
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her	ffice address on our <u>re</u> :	records, <u>enter the name of the new</u>
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida stre	ct address
		, Florida
	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 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 = Manager

AMBR = Authorized Member Title Name Address Type of Action MGR Vernon A. Ball 3790 Bay Creek Dr. DAdd Bonita Springs, FL Remove
34/34 Change MGR Michael Ball 3695 Olde Cottage Ln. KAdd Bonita Springs, FL Remove 34134 D Chapure □ Add ☐ Remove □ Add □ Remove ☐ Change □ Add ☐ Remove ☐ Change

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Filing Fee: \$25.00