

L12000156 440

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

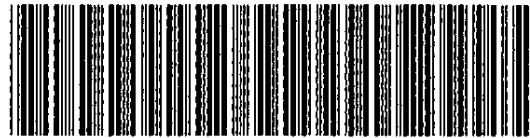
Special Instructions to Filing Officer:

A

Office Use Only

FEB 25 2013

B. KOHR



600244370186

02/07/13--01020--005 **25.00

FILED
13 FEB 21 AM 9:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 8, 2013

KASEY COLLINS
HARMONY FINANCIAL SERVICES LLC
2073 S.W. 37TH STREET ROAD
OCALA, FL 34471

SUBJECT: HARMONY FINANCIAL SERVICES LLC
Ref. Number: L12000156440

We have received your document for HARMONY FINANCIAL SERVICES and your check(s) totaling \$25.00. However, the enclosed document has been filed and is being returned for the following correction(s):

The forms we received were missing the SIGNATURE PAGE.

Please sign the 3rd page of the Amendment Form, and return the 3 pages of the Amendment form and the Cover Letter page.

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.

Buck Kohr
Regulatory Specialist II

Letter Number: 013A00003264

FILED
13 FEB 21 AM 8:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Harmony Financial Services LLC
Name of Limited Liability Company

FILED
13 FEB 21 AM 8:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Please return all correspondence concerning this matter to the following:

Kasey Collins

Name of Person

Harmony Financial Services LLC

Firm/Company

2073 SW 37th Street Road

Address

Ocala, FLorida 34471

City/State and Zip Code

kcbutler2004@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kasey Collins

Name of Person

at **352 8616460**

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**

Harmony Financial Services, LLC

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

FILED
13 FEB 21 AM 8:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on Dec 14, 2012 and

Florida document number L12000156440.

This amendment is submitted to amend the following:

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

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

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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 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

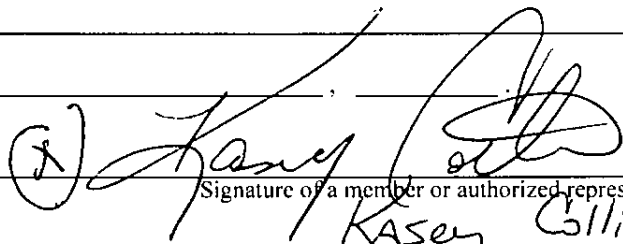
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
	Ron Butler Motors LLC	2073 sw 37th street road Ocala, Fl 34471	<input type="checkbox"/> Add
			<input checked="" 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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

Dated _____



Signature of a member or authorized representative of a member

Kasey Collins

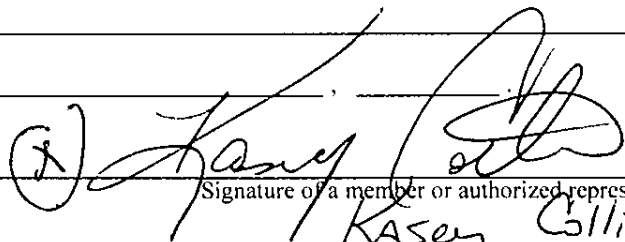
Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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

Dated _____



Signature of a member or authorized representative of a member

Kasey Collins

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00