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Request!!!

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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

From: Account Name : IAXLEAF.COM INC
Account Number : 120148000084
Phone : (305)541-3988
Fax Number : (888)772-8108

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
HARMONIA HOLDING, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

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Corporate Filing Menu

JUN 17 2019

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SPECIAL DELIVERY

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

HARMONIA HOLDING, 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 11/19/2013 and assigned
 Florida document number L13000162129.

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 contain 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)3111 N UNIVERSITY DR STE 105CORAL SPRINGS, FL 33065

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)183 MAPLE GROVE DRCONROE, TX 77384**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 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

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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>	<u>Type of Action</u>
MRGM	CARLOS CARNEIRO	183 MAPLE GROVE DR	<input type="checkbox"/> Add
		CONROE, TX 77384	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	FELIPE CARNEIRO	183 MAPLE GROVE DR	<input type="checkbox"/> Add
		CONROE, TX 77384	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
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Effective date, if other than the date of filing: _____ (optional)
(If an effective 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 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated APRIL 15TH, 2019

CARLOS CARNEIRO

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