L1400017487

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THE PERSONE

B. BOSTICK
DEC 1 1 2014

EXAMINER

COVER LETTER

TO: Registration Se Division of Con			#4 %		
Harmon	y Testosterone & Growt	h Hormone LLC			
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Hitham Tayoun			_	
		Name of Person		_	
	Harmony Testostero	one & Growth Hormone LLC	•		
	<u> </u>	Firm/Company		_	
	331 Bobby Jones R	d			
		Address		_ 	
	Sarasota, FL 34232				
		City/State and Zip Code			E Alexandria
	hysam@yahoo.com	10		Education Control	
		to be used for future annual report notifi	cation)	T SE	
For further information	concerning this matter, please c	all:		2	
Hitham Tayoun		210 485-8382		*** TE	
Name	of Person	Area Code Daytime	Telephone Number	er	
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)	Certifie	Filing Fee, cate of Status & cd Copy al 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 Testosterone & Growth Hormone 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 07/16/2014 and assigned Florida document number L14000111056 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Harmony MedSpa & Wellness LLC 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) 201-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

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

MGR = M AMBR = A	lanager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
-			
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			Add Remove
			
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		late of filing: t be prior to date of receipt orida Department of State)	filed date and cannot be mo	(optional) re than 90 days after
the date this de	cument is filed by the Flo			(optional) re than 90 days after
the date this de	och. 25	rida Department of State)	ή. - Λ-	

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Filing Fee: \$25.00

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