Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document,

(((H17000289011·3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : MCFARLAND, GOULD, LYONS, SULLIVAN & HOGAN, P.A.

Account Number : 119990000015 : (727)461-1111 Phone : (727)461-6430 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Addross:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN HARMONY QUEST, LLC

Certificate of Status		0
Certified Copy	· .	0
Page Count	<u> </u>	03
Estimated Charge		\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

NOV 0 3 2017

Y SULKER

H170002890I1 3

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HARMONY QUEST, LLC			
(Name of the Limi	ted Liability Company a (A Florida Limited Liabi	it no ennears on our reco	rds.)
The Articles of Organization for this Limited L	lability Company wer	re filed on April 25, 2017	and assigned
This amendment is submitted to amend the foll	lowing:		
A. If amending name, enter the new name o	of the limited liability	company here:	
The new name must be distinguishable and contain the	words "Limited Liability C	Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli-	cable: _		
Principal office address MUST BE A STREE	ET ADDRESS)		
	_		
nter new mailing address, if applicable:	_		
(Mailing address MAY BE A POST OFFICE BOX)			<u> </u>
			<u> </u>
		- 19 1951	6 1
 If amending the registered agent and egistered agent and/or the new registered or 	Vor registered office office address here:	address on our recor	ds, enter the name of the
Name of New Registered Agent:	GARY W. LYONS	, Esquire	·
New Registered Office Address:	311 South Missour	i Avenue	
		ress	
	Clearwater		Florida <u>33756</u>
		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.

Changing Registered Agent, Signaphre of New Registered Agent

Page 1 of 3

H17000289011 3
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>	Name	Address	Type of Action
AMBR	KRISTINE L. STURGIS	str.	
		÷	■ Remove
			Change
AMBR	STEVEN KORDISH	1024 Cornwall Drive	Add
		Holiday, FL 34631	□ Remove
			☐ Change
			□ Add
			Remove
			Change
			□ Add
			□ Remove
			□ Change
		'n	Add
			Remove
	•		Change
			□ Add
			Remove
			Change

					
		····.			
					_
					_
					_
	·				_
		 .			_
					· `
					1
					:
	-				·-
					ᠸ
					_
Mective date, if other than the date of an effective date is listed, the date must be specified if the date inserted in this block document's effective date on the Departm	of filing: cific and cannot be prior is not meet the application of State's records.	to date of filing or more the	(optional) in 90 days after filing hirements, this date) Pursuant to will not be	605.020 listed as
e record specifies a delayed effe The 90th day after the record is	tive date, but noi filed.	an effective time,	at 12:01 a.m.	on the ea	Irller o
ated Narabe	1 1 2017	_· · · · ·			
Mu Signat	ore of a member or sylho	rized representative of a n	ıember	_	-
	V				

7

Page 3 of 3

Filing Fee: \$25.00