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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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(Bu	isiness Entity Name)	
(Do	cument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	
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Office Use Only



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10/23/17

COVER LETTER

TO: Registration S Division of Co			
SUBJECT: HARMON	NY OF LOVE ASSISTED LIV	ING LLC	
		mited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are su	bmitted for filing.	
Please return all corresp	ondence concerning this matte	r to the following:	
	MARCELOUS JOHNSO	N	
		Name of Person	
		Firm/Company	
	45 Pheasant Drive		
		Address	
	Palm Coast, FL 32164		
		City/State and Zip Code	
	A_GBOOKKEEPING@Y/	AHOO.COM to be used for future annual report notifi	
For further information of	concerning this matter, please c		cation)
MARCELOUS JOHNS	ON	786 282-6702	
Name o	of Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for the	he 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:

TO:

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**

pany as it now appears on our records.) d Liability Company)
ny were filed on 07/12/2017 and assigned
bility company here:
bility Company," the designation "LLC" or the abbreviation "L.L.C,"
OT 20 E
PN 12: 32 FLORIDA
office address on our records, <u>enter the name of the re</u> :
Enter Florida street address
Florida
City Zip Code

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 amendi	ng Authorized Person(s) authorized to a d from our records:	manage, enter the title, name, and addre	ss of each person being added
MGR = j	Manager Authorized Member		
<u>Title</u>	Name	Address	Type of Action
MBR	Errol G Nichol	14613 SW 99 Street	
		Miami, FL 33186	
			☐ Change
VP	DORIS NICHOLS	45 PHEASANT DRIVE	
		PALM COAST, FL 32164	■ Remove
			Change
			Add
			Remove
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Tective date, if other than a reflective date is listed, the date: If the date inserted in tocument's effective date on	te must be specific his block does n	c and cannot be pr not meet the app	ncable statuto	no or more than OO	(optional days after filing ents, this date	. 15	ant to 60 of be lis)5.020' sted as
record specifies a del he 90th day after the	ayed effective record is file	ve date, but r ed.	not an effec	tive time, at :	l2:01 a.m.	on th	e earl	ier o
ed OCTOBER 12	 	2017	·					
	Jon Soll	Olfa M	Alba R	PT -				

Page 3 of 3

Filing Fee: \$25.00