

# LI7000149715

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(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

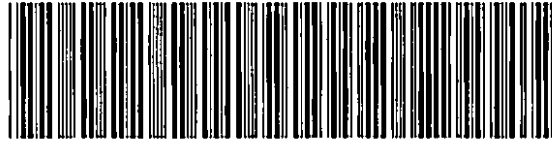
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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TALLAHASSEE, FLORIDA

*[Signature]*  
10/23/17

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** HARMONY OF LOVE ASSISTED LIVING LLC

\_\_\_\_\_  
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

MARCELOUS JOHNSON

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

45 Pheasant Drive

\_\_\_\_\_  
Address

Palm Coast, FL 32164

\_\_\_\_\_  
City/State and Zip Code

A\_GBOOKKEEPING@YAHOO.COM

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

For further information concerning this matter, please call:

MARCELOUS JOHNSON

\_\_\_\_\_  
Name of Person

786 282-6702  
at ( )  
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

## HARMONY OF LOVE ASSISTED LIVING LLC

The Articles of Organization for this Limited Liability Company were filed on 07/12/2017 and assigned Florida document number L17000149715.

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

**(Principal office address MUST BE A STREET ADDRESS)**

(Mailing address MAY BE A POST OFFICE BOX)

Zip Code

Page 1 of 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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MBR	Errol G Nichol	14613 SW 99 Street	<input checked="" type="checkbox"/> Add
		Miami, FL 33186	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
VP	DORIS NICHOLS	45 PHEASANT DRIVE	<input type="checkbox"/> Add
		PALM COAST, FL 32164	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

**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 OCTOBER 12 2017

Signature of a member or authorized representative of a member organization

Signature of a member or authorized representative of a member

MARCELOUS JOHNSON

Typed or printed name of signee