

L17000181279

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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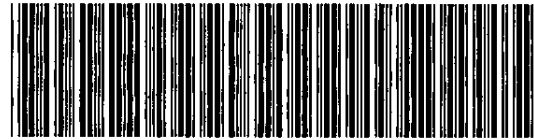
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K SALY
APR 16 2018

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: HARMONIC SOUNDS USA, 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:

MARK E. FRIED, ESQ.

Name of Person

MARK E. FRIED, P.A.

Firm/Company

1110 Brickell Avenue, Suite 310

Address

MIAMI, FLORIDA 33131

City/State and Zip Code

rorida18@yahoo.com.br

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

For further information concerning this matter, please call:

MARK E. FRIED

305 371-7079
at ()

Name of Person

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

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>
MGR	NELSON SMEJOFF	20741 NW 2nd Avenue	☐ Add
		Miami Gardens, FL 33169	☐ Remove
			☒ Change
MGR	FANY NEMETZ SMEJOFF	20741 NW 2nd Avenue	☐ Add
		Miami Gardens, FL 33169	☐ Remove
			☒ Change
MGR	RODRIGO NEMETZ SMEJOFF	20741 NW 2nd Avenue	☐ Add
		Miami Gardens, FL 33169	☐ Remove
			☒ Change
MGR	DANIEL NEMETZ SMEJOFF	20741 NW 2nd Avenue	☐ Add
		Miami Gardens, FL 33169	☐ Remove
			☒ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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TALLAHASSEE, FLORIDA

E. 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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated APRIL 02, 2018



Signature of a member or authorized representative of a member

MARK E. FRIED

Typed or printed name of signee