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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Heaven 5 Haren open LLC Name of Limited Iliability Company
The enclosed Articles of Amendment and fee(s) are submitted for filling.
Please return all correspondence concerning this matter to the following:
Coary Lee Santord Dr. Name of Person
Henry S Harmony LLC Firm/Company
375 River RD Address
OAK H.II FI 32759 City/State and Zip Code Slice of heaven 50 e Gmail 100m E-mail address: (to be used for future annual report notification)
Slice of heaven 50 e Gmail 100m E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Cary Sandord at (386) 402-3007 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\times \text{Certificate of Status}\$\$ Certificate of Status \$\text{Certified Copy}\$\$ (additional copy is enclosed)\$\$ Certified Copy (additional copy is enclosed)\$\$ Certified Copy (additional copy is enclosed)\$\$ \$25.00 Filing Fee \$\text{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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Henrins Harmony	LLC		
(Name of the Limited Liability (A Florida L	imited Liability Company)	ars on our records.)	
The Articles of Organization for this Limited Liability Cor Florida document number <u>\$00.30872222</u> 8		Fcb, \$2018 and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limite	nd liability company h	ere:	
The new name must be distinguishable and contain the words "Limite	d Liability Company," the	designation "LLC" or the abbreviation "L.L.	35
Enter new principal offices address, if applicable:		EB A	200
(Principal office address MUST BE A STREET ADDRE	<u> </u>	AS	P
			SECRE LAKY OF STATE TALLAHAS SEE, FLORIDA TALLAHAS SEE, FLORIDA
		或	ין.
Enter new mailing address, if applicable:		7 C	3
(Mailing address MAY BE A POST OFFICE BOX)) r >
B. If amending the registered agent and/or registered agent and/or the new registered office address Name of New Registered Agent:		n our records, enter the name of the new	<u> </u>
New Registered Office Address:	Enter Fic	orida street address	
	City	, Florida Zip Code	
New Registered Agent's Signature, if changing Registered	Agent:		
I hereby accept the appointment as registered agent ar provisions of all statutes relative to the proper and con accept the obligations of my position as registered age being filed to merely reflect a change in the registered company has been notified in writing of this change.	nplete performance on the notal provided for in	f my duties, and I am familiar with and Chapter 605, F.S. Or, if this document is	
	If Changing Registered A	gent, Signature of New Registered Agent	

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 = Air	thorized Member		
<u>Title</u>	Name	Address	Type of Action
MGR	Cory Lee Sorted	JR. 375 RIVER RD OAK H.	1) FI Add
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Effecti	ve date, if other than the date of filing:(optional) ctive 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	CDE 0007	(0)
Note:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be	listed as	the
aocum	ent's effective date on the Department of State's records.		
ne rec	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the ea	ırlier of	·:
	90th day after the record is filed.		
Dated_	E.1 20 2018		
Daleu -	$\frac{1-ch}{20}$, $\frac{2018}{1}$		
	Signature of a member or authorized representative of a member	_	

Page 3 of 3

Filing Fee: \$25.00