

L18000104666

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

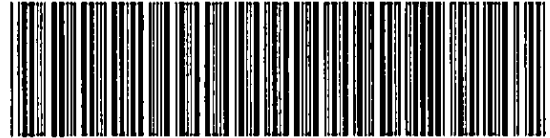
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Harmony Recovery Group, 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:

Connie R Thomas

Name of Person

Williams Mullen

Firm/Company

222 Central Park Avenue, Suite 1700

Address

Virginia Beach, Virginia 23462

City/State and Zip Code

cthomas@williamsmullen.com

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

For further information concerning this matter, please call:

Connie R Thomas

757
at (_____) _____

282-5050

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Harmony Recovery Group, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on April 25, 2018 and assigned
Florida document number L18000104666.

This amendment is submitted to amend the following:

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

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

1645 Palm Beach Lakes Boulevard, Suite 1000

(Principal office address MUST BE A STREET ADDRESS)

West Palm Beach, Florida 33401

Enter new mailing address, if applicable:

1645 Palm Beach Lakes Boulevard, Suite 1000

(Mailing address MAY BE A POST OFFICE BOX)

West Palm Beach, Florida 33401

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Advisor Law PLLC

New Registered Office Address:

3910 RCA Boulevard, Suite 1015

Enter Florida street address

Palm Beach Gardens

Florida

City

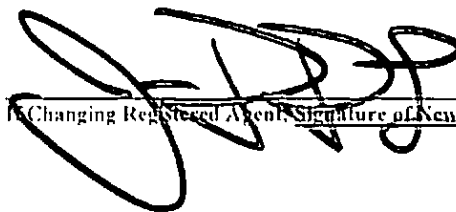
33401

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, Signature of New Registered Agent)



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TALLAHASSEE, FLORIDA

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>
AP	Cory Hanlon	1645 Palm Beach Lakes Boulevard, Suite 1010	<input type="checkbox"/> Add
		West Palm Beach, Florida 33401	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AP	Julicann Carbone	1645 Palm Beach Lakes Boulevard, Suite 1010	<input type="checkbox"/> Add
		West Palm Beach, Florida 33401	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

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 November 10 2022

~~Designed by:~~

Rev

8464F5C18B87498

Signature of a member or authorized representative of a member

By Harmony Recovery Group, LLC, a Delaware limited liability company, its sole member, by Harmony H

Typed or printed name of signee

Filing Fee: \$25.00