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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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N. CAUSSEAUX Jul 1 3 2018

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Harmony Fruition Group Home UC 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:	
Michelle L Johnson	
Harmony Frutton Group Home LCC	
22513 SE LOISTAYE	
Hawthorne Florida 32640	
City/State and Zip Code Code Code City/State and Zip Code Code	rΥ
For further information concerning this matter, please call:	
Michelle Johnson at 352 234-5738 Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
□ \$25.00 Filing Fee \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status &	

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327

Registration Section Division of Corporations Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

STREET/COURIER ADDRESS:

(additional copy is enclosed)

Certified Copy

(additional copy is enclosed)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Harmony Fruitio	n Group Home UC
(A Flor	oility Company as it now appears on our records.) ida Limited Liability Company)
The Articles of Organization for this Limited Liability Florida document number \(\bigcup_{ \text{NOO 109}} \)	Company were filed on May 03/2019 and assigned 732
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the li	mited liability company here:
The new name must be distinguishable and contain the words "1	imited Liability Company," the designation "LLC" or the abbreviation "LEÇG-
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET AD)	DRESS)
Enter new mailing address, if applicable:	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)	9
B. If amending the registered agent and/or regregistered agent and/or the new registered office ac	gistered office address on our records, <u>enter the name of the ney</u> <u>idress here</u> :
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida City 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.

If Changing Registered Agent, 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 = Auth	norized Member		
<u>Titlė</u>	Name	Address	Type of Action
Manager	Michelle L Johnson	Dasis SE leist Ave Hawthorne, florida 32	_ B Add U U O _ Remove
Ceo_	Michelle LJohnson	22513 SE 61St Ave Hawthorne, florida 3	Change Change Add Remove
			Change Add Garage
			_□ Remove _□ Change _□ Add
			_□ Remove _□ Change _□ Add
			_ _ Change

If amending any other information	on, enter change(s) here: (Attach additional sheets, if necessary.)
To Whom	It may Concern I Michelle
L Johnson	want to Change my
. title from	ceo to manager on Subiz
under My	authorized person and detac
	
	23 TSF
	2:55
	න න
Effective date, if other than the da	nte of filing: (optional)
Note: If the date inserted in this block	e specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(0 c does not meet the applicable statutory filing requirements, this date will not be listed as the
document's effective date on the Depa	irtment of State's records.
e record specifies a delayed e	effective date, but not an effective time, at 12:01 a.m. on the earlier of:
The 90th day after the record	d is filed.
Dated 00 30 18	
M LOLO DA	A a hair a dans a
1 1 WY UUE Sig	gnature of a member of authorized representative of a member
Michalia	latoria Tahacan
1-110114116	Typed of printed name of signee

Page 3 of 3

Filing Fee: \$25.00