118000109732

(Red	questor's Name)			
(Add	dress)			
(Ade	dress)			
(City	y/State/Zip/Phone	e #)		
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(Bu	siness Entity Nar	ne)		
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November 2, 2018

MICHELLE JOHNSON 22513 SE 61ST AVE HAWTHORNE, FL 32640

SUBJECT: HARMONY FRUITION GROUP HOME LLC

Ref. Number: L18000109732

We have received your document for HARMONY FRUITION GROUP HOME LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Page 2 of 3 is missing.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Dionne M Scott Regulatory Specialist II

Letter Number: 518A00022662

COVER LETTER

SUBJECT: Harmony Frutton 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 Johnson Name of Person	
Firm/Company	
22513 SELISTAVE	
Hawthome, Florida 32 440 3 Michelle Johnson 2569 9 yahav. Ecmi-	
For further information concerning this matter, please call:	フ
Michelle Johnson at (352) 234-5738 3 Name of Person at (352) Daytime Telephone Number 37	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee Solution Sol	

Registration Section
Division of Corporations

TO:

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

Harmony Fruition Group home LLC

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

(A Florida Limited Liability Company)

	City	Zıp Code
	. Florida	
New Registered Office Address:	Enter Florida street address	
Name of New Registered Agent:		
		<u>.</u> .
B. If amending the registered agent and/or registered officered agent and/or the new registered office address here:	ce address on our records, enter th	e name of-the new
	, , , ,	111
(Mailing address MAY BE A POST OFFICE BOX)	-N-1-A	= -
Enter new mailing address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	N	
Enter new principal offices address, if applicable:		
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or the abbre	viation "L.L.C."
A. If amending name, enter the new name of the limited liability of the liability of the limited liability of the liability o	ty company here:	
This amendment is submitted to amend the following:		
Florida document number <u>L 1800 b 109 732</u>	cremed on 3 - 1 - 1	
The Articles of Organization for this Limited Liability Company w	was studen 1014 (p. 2018	and assigned

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 or removed	¿ Authorized Person(s) authorized to from our records:	manage, enter the title, name,	and address of each person being added
MGR = N AMBR = A	•		
Title	<u>Name</u>	Address	Type of Action
			Change
	_		
			Add
			Change
			7 7 Add
			ري حال المحالة
			☐ Change
			□ Add
			□ Remove
			□ Change
			Add

☐ Remove

_□ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
I want to add My business Services I
provide under My Company NEW Name
If possible Im Changing My Company
Name From Harmoni Frution Group Kom
LLC to Harmony Fruttion Agency LLC
The Services I provide under this
business PS
Devsonal Support
Recorde un der 21
trans and than
transporation
Life Skills Development (1) Companion
——————————————————————————————————————
<u>. පූ</u>
رُدُّ
E. Effective date, if other than the date of filing: (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
Mulli fluttue When Signature of a member or suthorized representative of a member
Michelle Latyu Johnson Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00