## 118000114691

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## **COVER LETTER**

HARMON SUBJECT:	Y RETAILER LLC		
SOBJECT.	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	SWETA N PATEL		
		Name of Person	
	HARMONY RETAILER	LLC	
		Firm/Company	<del></del>
	65H RAMONA BLVD		
		Address	
	JACKSONVILLE, FL 32:	205	
	cstore6511@gmail.com	City/State and Zip Code	
	<del>-</del> -	to be used for future annual report noti-	fication)
For further information of	concerning this matter, please c	all:	
SWETA N PATEL		904 517 5117	
Name (	of Person	at () Area Code Daytime	Telephone Number
inclosed is a check for t	he 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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HARMONY RETAILER LLC  (Name of the Limited Liability C (A Florida Lir	ompany as it now appears on our records.) nited Liability Company)	
The Articles of Organization for this Limited Liability Com Florida document number $\frac{1.18000114691}{2}$ .	and assigned	
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 Enter new principal offices address, if applicable:	Liability Company," the designation "LLC" or the abb	reviation "L.L.C."
(Principal office address MUST BE A STREET ADDRES		
		<u></u>
Enter new mailing address, if applicable:	HARMONY RETAILER LLC	NOF 8
(Mailing address MAY BE A POST OFFICE BOX)	6511 RAMONA BLVD	<b>一</b>
	JACKSONVILLE, FL 32205	<b>₹</b>
B. If amending the registered agent and/or registere registered agent and/or the new registered office address	ed office address on our records, <u>enter t</u> here:	he name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	

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, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	SWETA N PATEL	6511 RAMONA BLVD	<b>=</b> Add
		JACKSONVILLE, FL 32205	☐ Remove
			Change
			☐ Remove
			□ Change
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fective date, if other than in effective date is listed, the date	must be specific and	d cannot be prior	to date of filing of	more than 90 days	after filing.) Pursuant to	605.0
ote: If the date inserted in thi eument's effective date on th			ible statutory fi	ling requirements.	this date will not be	listed
record specifies a dela The 90th day after the			an effective	e time, at 12:0	11 a.m. on the ea	ırlier
ted		2018				
	v O	1-1		ve of a member		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00