118000114691

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COVER LETTER

HARM SUBJECT:	ONY RETAILER LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles	s of Amendment and fee(s) are sub	mitted for filing.	
Please return all corre	espondence concerning this matter	to the following:	
	SWETA N PATEL		
		Name of Person	
	HARMONY RETAILER	LLC	
		Firm/Company	
	6511 RAMONA BLVD		
		Address	
	JACKSONVILLE, FL 322	205	
		City/State and Zip Code	
	cstore6511@gmail.com E-mail address: (to be used for future annual report notific	cation)
For further information	on concerning this matter, please ca	all:	
SWETA N PATEL		904 517 5117	
Nar	ne of Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for	or the following amount:		
■ \$25.00 Filing Fee	e ☐ \$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)
MA	AILING ADDRESS:	STREET/COURIE	R ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section Division of Corporations

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT

(Name of the Limi	ted Liability Compa (A Florida Limited I	ny as it now appears on our records.) Jability Company)	
The Articles of Organization for this Limited L. Florida document number L18000114691	iability Company	were filed on May 07, 2018	and assigned
This amendment is submitted to amend the foll	owing:		
A. If amending name, enter the new name o	f the limited liab	ility company here:	
The new name must be distinguishable and contain the v	vords "Limited Liabi	lity Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applic	able:		3 ₹,
(Principal office address MUST BE A STREE	ET ADDRESS)		AUG
			o 0
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		HARMONY RETAILER LLC	AH A
		6511 RAMONA BLVD	
		JACKSONVILLE, FL 32205	0.0 OK
		6511 RAMONA BLVD JACKSONVILLE, FL 32205 ffice address on our records,	10: 20
Name of New Registered Agent:	Sweta N. Patel		··········
New Registered Office Address:	6511 Ramona I	Blvd	
		Enter Florida street address	· -
	Jacksonville	, Flor	ida <u>32205</u>
	·	City	Zip Code

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.

SWELEI Partel
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 = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Ripal K Patel	10 PRIMROSE WAY ATP 6201	
		HAVERHILL, MA 01830	■ Remove
		 	Change
			□ Add
			☐ Remove
			□ Change
			
			□ Remove
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Effective date, if other than t	he date of filing:	(optional)	
Note: If the date inserted in this	nust be specific and cannot be prior to date of filing or more than 90 block does not meet the applicable statutory filing requirem	I days after filing.) Pursuant to 605.0. ments, this date will not be listed	1207 (3 1 as th
document's effective date on the	Department of State's records.		
the record specifies a delay	red effective date, but not an effective time, at	12:01 a.m. on the earlier	of:
) The 90th day after the re			
, the both day after the r			
·	2018		
Dated Aug 3			
•		W.F.	
,	Sideta Parted Signature of a member or authorized representative of a member)e r	

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Filing Fee: \$25.00