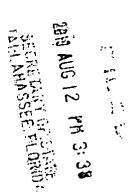
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(R	Requestor's Name)	
(A	Address)	
Á)	Address)	
(0	City/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to	o Filing Officer:	
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Touched by Harmony Home Care 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:	5 3
Ariana Wattley Name of Person	
Firm/Company	Orn Ort notitication) Daytime Telephone Number \$60.00 Filing Fee. Certificate of Status & Certificate Opy (additional copy is enclosed) OURIER ADDRESS: Section Corporations ding
4129 Raleigh Street Apt 819 Address	
Orlando F-1 32835 City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Area Code Daytime Telephone Number Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy	
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Clifton Building	
Tallahassee, FL 32314 2661 Executive Center Circle	

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Totiched by harm (Name of the Limited Liability Compa (A Florida Limited)	nony LLC iny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L 19000 [6588]</u>	were filed on June 24, 2019 and assigned.
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	oility company here:
To uched By Harmony Home The new name must be distinguishable and contain the words "Limited Liabileter Property of the Contain the words and contain the words are the contained by the containe	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	6129 Raleign Street Apt 819 Orlando Fl 32835
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	6.129 Raleigh Street Apt 819 Orlando Fl 32835
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	
Name of New Registered Agent: Ac.so	a Wattley
New Registered Office Address:	Raleish Street Apt 819 Biller 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, 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
			Add
			Remove
		 	
			□ Remove
			Change
			Add
			□ Remove
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			Change
			
			Remove
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(If an ef Note:	fective date, if other than the date of filing:
the red	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
_	August 2019.
Dated	^
Dated	Signature of a mymber or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00