L19000188639

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COVER LETTER

HORMO: SUBJECT:	NAL HARMONY LLC		
	Name of I in	ited Fiability Company	
The enclosed Articles o	of Amendment and feets) are sub-	mutted for filing.	
Hease return all corresp	ondence concerning this matter	to the following:	
	FABRICE HERZSTEIN		
		Name of Person	
		Firm Company	
	20803 BISCAYNE BLVD	. SUITE 440	
		Address	
	AVENTURA, FL. 33180		
		City State and Zip Code	
	FABRICE/a,MCHCONSUI	TINGUSA,COM to be used for future annual report notifie	
for further information	concerning this matter, please er		
FABRICE HERZSTEI	N	786 785-5000	
Name	of Person	al () Area Code Daytime	Telephone Number
Inclosed is a check for	the following amount		
■ \$25.00 Filing Fee	2 830 00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy cadditional copy is enclosed)	— \$60 00 Filing Fee, Certificate of Status & Certified Copy tadditional copy is enclosed.
Mailing Addre	<u>'''':</u>	Street Address:	

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

TO:

Registration Section Division of Corporations

> Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HORMONAL HARMONY LLC

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

The Articles of Organization for this Limited Liability Compan	y were filed on $\frac{7/2}{2}$	3 2019	and assigned
Florida document number L19000188639			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	bility company he	<u>re</u> :	
The new name must be distinguishable and contain the words "Limited Liab	offity Company," the d	esignation "LLC" or ili	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
			
Parties and the second second			
Enter new mailing address, if applicable:	•		
(Mailing address MAY BE A POST OFFICE BOX)			
			
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our re	ecords, <u>enter the n</u>	ame of the new registered
Name of New Registered Agent:		-	<u> </u>
New Registered Office Address:	Fara Flor	da street uddress	73-
	City	, Florida	Zm Code
New Registered Agent's Signature, if changing Registered Agent			774 (100)
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	- ree to act in this c e performance of provided for in C	my duties, and Lai hapter 605, F.S. C	m familiar with and W. If this document is
H Cha	inging Registered Age	nt, 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>	Name	Address	Type of Action
AMBR	RBEL HOLDINGS LLC	20803 BISCAYNE BLVD, SUITE 440	
		AVENTURA, FL. 33180	■ Ren x ove
			TChange
AMBR	BORIS SCHRENZEL	42 bis AVENUE GEORGE MANDEL	≡ Add
		PARIS, 75116, FR	TRemove
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Tective date, if other than effective date is listed, the cote: If the date inserted in neumoni's effective date or	r this block does not	meet the applicab	date of filing or more le statutory filing i	(opti than 90 days afte equirements, the	ional) r filog) Pursuant (is date will not b	o 605.02 c listed
record specifies a delayed of is filed	effective date, but no	of an effective fund	c. 90 12:91 a.m. on	the carlier of: (t	o) The 90th day	alier th
No. (1.10		2024	. •			
ated April 12	1	•				
sted April 12	$ \mathcal{M}$, 3- <i>4</i> -				
ited April 12	Standary of .	a member or authori	red representative or	a member		_

Filing Fee: \$25.00