

L20 0000 57907

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

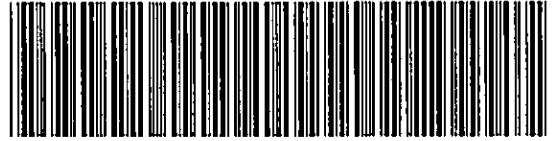
(Business Entity Name)

(Document Number)

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05/11/20--01013--032 **25.00

2020 MAY 11 AM 9:00

FILED

*Amend/Name
chg*

JUN 09 2020
ALBRITTON

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: HARMONY LIFE COACH & IMAGE ADVISER 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:

INGA VOLOSHINA

Name of Person

HARMONY LIFE COACH & IMAGE ADVISER LLC

Firm/Company

3300 NE 191ST STREET APT 401

Address

AVENTURA, FL 33180

City/State and Zip Code

Inna201213@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

INGA VOLOSHINA

at (786) 830-0053

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 Address:

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**

HARMONY LIFE COACH & IMAGE ADVISER LLC

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

RECEIVED
FEB 11 2020
AM 9:00

The Articles of Organization for this Limited Liability Company were filed on 2/10/2020 and assigned Florida document number L20000051907

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company

here: HARMONY LIFE COACH & YOGA LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

3300 NE 191ST STREET APT 401

(Principal office address MUST BE A STREET ADDRESS)

AVENTURA, FL 33180

Enter new mailing address, if applicable:

3300 NE 191ST STREET APT 401

(Mailing address MAY BE A POST OFFICE BOX)

AVENTURA, FL 33180

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

INGA VOLOSHINA

New Registered Office Address:

3300 NE 191ST STREET APT 401

Enter Florida street address

AVENTURA

City

Florida 33180

Zip Code

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	INGA VOLOSHINA	3300 NE 191ST STREET APT 401	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
		AVENTURA, FL 33180	<input type="checkbox"/> Change
AMBR	GLAM BEAUTY SERVICES INC	17395 N BAY RD SUITE 201	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
		SUNNY ISLES BEACH, FL 33160	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

[illegible]

E. Effective date, if other than the date of filing: 2/10/2020 (optional)
(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 3/1/2020

[Signature]

Signature of a member or authorized representative of a member

Inge Voloshine. Typed on

Typed or printed name of signee