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## **COVER LETTER**

Registration Section Division of Corporations

TO:

| The enclosed Articles of Amendment and fee(s) are submitted for filing.  Please return all correspondence concerning this matter to the following:  Andrea A. Foronda Rendon  Name of Person  Harmony Total Cleaning Service LLC  Firm/Company  7901 Baymeadows Circle E Apt # 498  Address  Jacksonville, FL 32256  City/State and Zip Code  ancladeamor@gmail.com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Andrea A. Foronda Rendon  Name of Person  Name of Person  Name of Person  Service LLC  Firm/Company  7901 Baymeadows Circle E Apt # 498  Address  Jacksonville, FL 32256  City/State and Zip Code  ancladeamor@gmail.com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Andrea A. Foronda Rendon  Name of Person  Repulsion of Copy (additional copy is enclosed)  Mailing Address:  Registration Section  Division of Corporations   | eun newr.               | Harmony Total Cleaning Serv        | ice LLC                                |  |
|--|-------------------------|------------------------------------|--|--|
| Please return all correspondence concerning this matter to the following:  Andrea A. Foronda Rendon Name of Person  Harmony Total Cleaning Service LLC  Firm/Company  7901 Baymeadows Circle E Apt # 498  Address  Jacksonville, FL 32256  City/State and Zip Code ancladcamor@gmail.com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Andrea A. Foronda Rendon  Name of Person  Andrea A. Foronda Rendon  Service LLC  Firm/Company  7901 Baymeadows Circle E Apt # 498  Address  Jacksonville, FL 32256  City/State and Zip Code ancladcamor@gmail.com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Andrea A. Foronda Rendon  Street Address:  Registration Section Division of Corporations  Street Address:  Registration Section Division of Corporations  | SUBJECT:                | Name of Lim                        | ited Liability Company                 | <del></del>                            |
| Andrea A. Foronda Rendon  Name of Person  Harmony Total Cleaning Service LLC  Firm/Company  7901 Baymeadows Circle E   | The enclosed Articles   | of Amendment and fee(s) are sub    | omitted for filing.                    |  |
| Name of Person   | Please return all corre | spondence concerning this matter   | to the following:                      |  |
| Harmony Total Cleaning Service LLC  Firm/Company  7901 Baymeadows Circle E   |                         | Andrea A                           |  |  |
| Firm/Company  7901 Baymeadows Circle E   |                         |                                    | Name of Person                         |  |
| 7901 Baymeadows Circle E Apt # 498  Address  Jacksonville, FL 32256  City/State and Zip Code ancladeamor@gmail.com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Andrea A. Foronda Rendon  Name of Person  Area Code  Daytime Telephone Number  Enclosed is a check for the following amount:  S25.00 Filing Fee  Certificate of Status  Certified Copy (additional copy is enclosed)  Mailing Address:  Registration Section Division of Corporations  Street Address:  Registration Section Division of Corporations  |                         | Harmony Total Clean                | ing Service LLC                        |  |
| Address  Jacksonville, FL 32256  City/State and Zip Code  ancladeamor@gmail.com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Andrea A. Foronda Rendon  Name of Person  Name of Person  Area Code  Daytime Telephone Number  Enclosed is a check for the following amount:  S25.00 Filing Fee  Certificate of Status  Certified Copy (additional copy is enclosed)  Mailing Address:  Registration Section Division of Corporations  Address:  Registration Section Division of Corporations  |                         | <del></del>                        | Firm/Company                           |  |
| Dacksonville, FL   32256   City/State and Zip Code   ancladeamor@gmail.com   E-mail address: (to be used for future annual report notification)  |                         | 7901 Baymeadows                    | Circle E Apt # 498                     |  |
| City/State and Zip Code ancladeamor@gmail.com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Andrea A. Foronda Rendon  Name of Person  Name of Person  Area Code  Daytime Telephone Number  Enclosed is a check for the following amount:  S25.00 Filing Fee  Certificate of Status  Certified Copy (additional copy is enclosed)  Mailing Address:  Registration Section Division of Corporations  Street Address:  Registration Section Division of Corporations   |                         |                                    | Address                                |  |
| Andrea A. Foronda Rendon    Semilar and the se |                         | Jacksonville, FL                   | 32256                                  |  |
| E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Andrea A. Foronda Rendon  Name of Person  Name of Person  Name of Person  Area Code  Daytime Telephone Number  Enclosed is a check for the following amount:  S25.00 Filing Fee  Certificate of Status  Certified Copy (additional copy is enclosed)  Mailing Address:  Registration Section Division of Corporations  Street Address:  Registration Section Division of Corporations  |                         |                                    | City/State and Zip Code                | <del></del>                            |
| Andrea A. Foronda Rendon    Society  |                         | * -                                |  |  |
| Andrea A. Foronda Rendon  Name of Person  Name of Person  Area Code  Daytime Telephone Number  Enclosed is a check for the following amount:  S25.00 Filing Fee  Certificate of Status  Certified Copy (additional copy is enclosed)  Street Address:  Registration Section Division of Corporations  S02-4077  Area Code  Daytime Telephone Number  S60.00 Filing Fee, Certified Copy (additional copy is enclosed)  S60.00 Filing Fee, Certified Copy (additional copy is enclosed)  |                         | E-mail address: (                  | to be used for future annual report no | tification)                            |
| Name of Person  Area Code  Daytime Telephone Number  Enclosed is a check for the following amount:  S25.00 Filing Fee  S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)  Mailing Address: Registration Section Division of Corporations  Street Address: Registration Section Division of Corporations   | For further information | n concerning this matter, please c | all:                                   |  |
| Enclosed is a check for the following amount:    \$\sum_{\text{S25.00 Filing Fee}} \text{ = \$30.00 Filing Fee & Certificate of Status} \text{ Certified Copy (additional copy is enclosed)} \text{ Certified Copy (additional copy is enclosed)} \text{ Certified Copy (additional copy is enclosed)} \text{ \text{ Mailing Address:} Registration Section Division of Corporations} \text{ Street Address: Registration Section Division of Corporations} \text{ Division of Corporations} \text{ Division of Corporations} \text{ \text{ Division of Corporations}} \text{ \text{ Certified Copy (additional copy is enclosed)}}  \text{ Certified Copy (add     | Andrea A. I             | Foronda Rendon                     |  |  |
| □ \$25.00 Filing Fee   | Nan                     | e of Person                        | Area Code Daytir                       | me Telephone Number                    |
| Certificate of Status  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)   Mailling Address:  Registration Section Division of Corporations  Certified Copy (additional copy is enclosed)  Street Address:  Registration Section Division of Corporations   | Enclosed is a check for | or the following amount:           |  |  |
| Registration Section Registration Section Division of Corporations Division of Corporations  | □ \$25.00 Filing Fee    | _                                  | Certified Copy                         | Certificate of Status & Certified Copy |
|  | Registration Division o | n Section<br>f Corporations        | Registration Se<br>Division of Co      | rporations                             |
| P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810   |                         |                                    |  |  |

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

| Harmony Total Cleaning Ser<br>(Name of the Limited I<br>(A   |                      | as it now appear                   | s on our records.)             |                                       |
|--|----------------------|------------------------------------|--------------------------------|---------------------------------------|
| the Articles of Organization for this Limited Liabilorida document number                          |                      |                                    | A+120/2021                     | and assigned                          |
| his amendment is submitted to amend the following  | ing:                 |                                    |                                |                                       |
| . If amending name, enter the new name of th   | e limited liabilit   | y company he                       | re:                            |                                       |
| Harmony Total Painting & Cleaning LLC  |                      |                                    |                                |                                       |
| he new name must be distinguishable and contain the word   | s "Limited Liability | Company," the de                   | esignation "LLC" or the        | abbreviation "L.L.C."                 |
| Inter new principal offices address, if applicable   | le:                  | 7901 Baymead                       | lows Circle E Apt #            | 498                                   |
| Principal office address MUST BE A STREET  | ,                    | Jacksonville, FL                   | . 32256                        |                                       |
| nter new mailing address, if applicable:   |                      | 7901 Baymeadows Circle E Apt # 498 |                                |                                       |
| Mailing address MAY BE A POST OFFICE BO  | <u>)X)</u>           | lacksonville, FL                   | . 32256                        |                                       |
| 3. If amending the registered agent and/or regi<br>gent and/or the new registered office address b |                      | lress on our re                    | ecords, <u>enter the na</u>    | me of the new regis                   |
| Name of New Registered Agent:  |                      |                                    | <u></u>                        |                                       |
| New Registered Office Address:   | 7901 Baymeadow       |                                    | pt # 498<br>ida street address |                                       |
|  | Jacksonville         |                                    | Florida <sup>3</sup>           | 2256 🖂                                |
|  | <u></u>              | City                               | , Florida <sup>2</sup>         | Zip Code                              |
| Sew Registered Agent's Signature, if changing Reg  | istered 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. No

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 |
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| ective date, if ott<br>effective date is liste | i <b>er than the date of t</b><br>d, the date must be specifi | tting:                  | date of filing or more than           | (optional)<br>n 90 days after filing.) Pursu | ant to 605.0207 |
| te: If the date inse                           | rted in this block does r                                     | not meet the applicab   | le statutory filing requi             | irements, this date will n                   | ot be listed as |
| cument's effective                             | date on the Department  | of State's records.     |                                       |  |                 |
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| •  | layed effective date, but                                     | t not an effective time | e, at 12:01 a.m. on the               | earlier of: (b) The 90th                     | day after the   |
| s filed.                                       |   |                         |                                       |  |                 |
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Filing Fee: \$25.00