121000347787

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2021 SEP 20 PM 3: 09
SECRETARY OF STATE

COVER LETTER

	gistration Sec vision of Corp				
SUBJECT:	Rose Harmo	ony Events LLC	•		•
		Name of Lin	iited Liability Company		
		Amendment and fee(s) are sub	_		
Please return	n all correspor	ndence concerning this matter	to the following:		
		Shelly Rice			
			Name of Person	<u> </u>	
		Rose Harmony Events L	LC.		
			Firm/Company		
		5120 Rishley Run Way			
			Address		
		Mount Dora, Florida 32757	7		
		rices329@yahoo.com	City/State and Zip Code		
		E-mail address: (t	to be used for future annual re	port notification)
For further in	iformation coi	ncerning this matter, please ca	all:		
Shelly Rice				9787	
	Name of I	^p erson	at () Area Code	Daytime Teleph	none Number
Enclosed is a	check for the	following amount:			
□ \$25.00 F	iling Fee	S30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)		S60.00 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

FILED

2021 SEP 20 PM 3: 06

(<u>Name of the Limited Liabili</u> (A Florida	ity Company as it now appears on our records.) a Limited Liability Company)	TALLAHASSEE, FLU
The Articles of Organization for this Limited Liability C Florida document number L21000347787	Company were filed on 8/2/2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR		
Enter new mailing address, if applicable:	-	
(Mailing address MAY BE A POST OFFICE BOX)	<u></u>	
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our records, <u>enter the</u>	name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florid:	
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

Rose Harmony Events , LLC

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 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	Shelly Rice	5120 Rishley Run Way	■ Add
		Mount Dora, FL 32757	
			□ Change
			□Add
			□ Remove
			□Change
			
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			\ _Add
			□Remove

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f an effecti <u>Note:</u> If t	date, if other than we date is listed, the date the date inserted in the 's effective date on the	must be specific a is block does not	nd cannot be prid meet the appl	icable statutory	g or more than 90 of filing requireme	(optional) lays after filing.) Pu ents, this date wil	rsuant to 605,0207 (I not be listed as t
record sp d is filed.	oecifies a delayed effe	ective date, but no	ot an effective	time, at 12:01	a.m. on the earli	er of: (b) The 90	th day after the
Pated	100		. ,				
	***	Signature of a	member or aut	horized represen	tative of a member		
	/ 1 /						