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## **COVER LETTER**

TO: 1	Registration Se Division of Cor	ction porations				
SUBJEC		Y FINANCIAL PLANNING,	LLC			
SUBJEC	·	Name of Lim	ited Liability Company			
The enclo	osed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please ret	urn all correspo	ndence concerning this matter	to the following:			
		NATHALI FERNANDEZ	Annual Company  Sets) are submitted for filing.  Annual Company  Annual Planning, LLC  Firm/Company  Antation Lane  Address  Address  Address  Address: (to be used for future annual report notification)  Set, please call:  407 729-8199  at (			
			Name of Person			
		HARMONY FINANCIAL	. PLANNING, LLC			
			Firm/Company			
		12679 OLD PLANTATIO	N LANE			
		<del></del>	Address			
		ORLANDO, FL 32824				
		<u> </u>	City/State and Zip Code	,		
		harmonyfinplan@gmail.com				
		E-mail address: (	to be used for future annual report n	otification)		
For further	er information co	oncerning this matter, please c	all:			
NATHA	LI FERNANDE	Z				
_	Name o	f Person		time Telephone Number		
Enclosed	is a check for th	e following amount:				
□ \$25.0	00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy		
!	Mailing Addres Registration S Division of C P.O. Box 632 Tallahassee, I	Section orporations 7	Registration S Division of C The Centre of	Section Corporations		

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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HARMONY FINANCIAL PLANNING, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on  $\frac{01/23/2023}{1}$ and assigned L23000039980 Florida document number This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: HARMONY BUSINESS SOLUTIONS, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." N/A Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) N/A Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: N/A Name of New Registered Agent: N/A New Registered Office 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.

Enter Florida street address

, Florida

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
N/A	N/A	N/A	🖸 Add
			□Remove
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