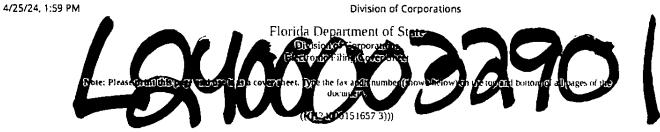
Division of Corporations





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To:

Division of Corporations : (858)617-6383 Fax Number

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I28890066081 Phone : {307}200-2803 Fax Number : (813)436-5206

> **Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address:_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN RENEW HARMONY LLC

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4/25/2024 11:03:)2 PDT To: 18506176383 Page: 2/4 Fax: 8134365206

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Renew Harmony LLC		ż
(Name of the Limited Liability (A Florida I.	Company as it now appears on our records.) imited Liability Company)	
The Articles of Organization for this Limited Liability Confords document number L24000032901	mpany were filed on 01/16/24	and assigned
forida document number		
his amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limite	ed liability company here:	
he new name must be distinguishable and contain the words "Limite	ed 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 ADDRE	ESS)	
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
		222
. If amending the registered agent and/or registered	office address on our records, enter the na	ne of the new registe
gent and/or the new registered office address here:		7.3
Name of New Registered Agent:		
New Registered Office Address:		<u>ئ</u>
	Enter Florida street address	06
	, Florida	6
	City	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.

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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	Melissa Price	2538 Cross More St	
		Valrico, FL 33594	□Remove
			Change
			□Add
			□Remove
			☐ Change
			□Add
			□Remove
		-	[](:hange
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fective date, if other than th	ne date of filing:			((optional)	
in effective date is listed, the date in ote: If the date inserted in this cument's effective date on the	nust be specific and e block does not me	annot be prior to et the applical	o date of filing or i	nore than 90 days	after filling,) Pursuant	
ecord specifies a delayed effect is filed.	ive date, but not a	n effective tim	nc, at 12:01 a.m	on the earlier o	f: (b) The 90th day	after the
ated April 25	·	2024	_ •			
	Signature of a me		Jane, Say			
			<u> </u>			

Typed or printed name of signee