

M1700000 7995

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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TALLAHASSEE, FLORIDA

18 NOV -5 PM 2:20

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Amended

BL. VORISEK
NOV 06 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HARMONY FLORIDA LAND, LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

RICHARD A JERMAN
Name of Person

HARMONY FLORIDA LAND LLC
Firm/Company

1750 W. BROADWAY STREET # 111
Address

DAVID, FL 32765
City/State and Zip Code

RJERMAN@SUNTERRACOMUNITIES.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RICHARD JERMAN at (407) 542 4909
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

- ☐ \$25 Filing Fee ☐ \$30 Filing Fee & Certificate of Status ☐ \$55 Filing Fee & Certified Copy ☐ \$60 Filing Fee, Certificate of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 22, 2018

RICHARD JERMAN
HARMONY FLORIDA LAND, LLC
1750 W. BROADWAY ST. #111
OVIEDO, FL 32765

SUBJECT: HARMONY FLORIDA LAND LLC
Ref. Number: M17000007995

We have received your document for HARMONY FLORIDA LAND LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (805) 245-6000.

Brenda L Vorisek
Director

Letter Number: 818A00021662

HARMONY FLORIDA LAND, LLC

1750 W. Broadway, Suite 111

Oviedo, Florida 32765

407-542-4909

October 29, 2018

Ms. Brenda Vorisek
Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Amendment documents for HARMONY FLORIDA LAND, LLC

Ms. Vorisek,

Please find enclosed correct paperwork for amending one of the authorized agents on HARMONY FLORIDA LAND, LLC. We have already mailed a check and you acknowledged you were in receipt. It was not sent back to us with the original documents we submitted. Should you have any questions, please feel free to contact me. Thank you.

Sincerely,

A handwritten signature in black ink, appearing to be 'Richard Jerman', with a long horizontal flourish extending to the right.

Richard Jerman
407-221-7040

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: HARMONY FLORIDA LWD LLC

Enter new principal office address, if applicable: _____

(Principal office address
MUST BE A STREET ADDRESS)

850 NEW BURTUN ROAD
DUNER, DE 19904

Enter new mailing address, if applicable: _____

(Mailing address
MAY BE A POST OFFICE BOX)

1750 W. BROADWAY STREET #111
MEMO, FL 32765

2. The Florida document number of this limited liability company is: 11700007995

3. Jurisdiction of its organization: _____

4. Date authorized to do business in Florida: 9/19/17

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: _____
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer 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: _____

New Registered Office Address: _____

Enter Florida Street Address

_____, **Florida** _____
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.

If Changing Registered Agent, Signature of New Registered Agent

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
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<u>VP</u>	<u>NICOLAS T. SHOOPMAN</u>	_____	<input type="checkbox"/> Add
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		_____	<input checked="" type="checkbox"/> Remove
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<u>VP</u>	<u>DENVER MARLOW</u>	_____	<input checked="" type="checkbox"/> Add
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		_____	<input type="checkbox"/> Remove
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_____	_____	_____	<input type="checkbox"/> Add
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		_____	<input type="checkbox"/> Remove
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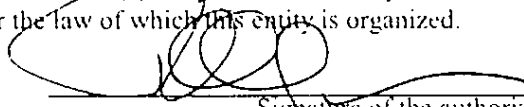
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		_____	<input type="checkbox"/> Remove
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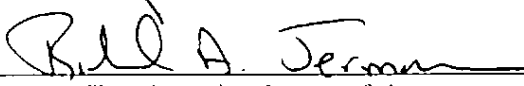
_____	_____	_____	<input type="checkbox"/> Add
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		_____	<input type="checkbox"/> Remove
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9. Attached is a certificate, if required: no more than 90 days old, evidencing the
aforementioned amendment(s), duly authenticated by the official having custody of records in the
jurisdiction under the law of which this entity is organized.



Signature of the authorized representative



Typed or printed name of signee

Filing Fee: \$25.00