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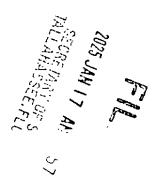
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# **COVER LETTER**

SUBJECT: PENELOPE NowLing LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Penelope Nowling Name of Person
Penelope Nowling LLC
2840 WESTBAYDR-PMB/34
Belleair BluFFS FL 33770 City/State and Zip Code
PENELOPE. NowLinGa Jahoo. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Perelox Nowling at (727)459-0980 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:  \$\sum{\$\sum{\text{S55.00 Filing Fee}}} \sum{\text{S55.00 Filing Fee}} \sum{\text{Certified Copy}} \text{Certified Copy} \text{Certified Copy} \text{Certified Copy} \text{Certified Copy} \text{(additional copy is enclosed)}

.

Registration Section **Division of Corporations** 

TO:

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

# ARTICLÉS OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

- HARMONIA H	ones LLC
(Name of the Limited Liability (A.Florida I	Company as it now appears on our records.)
(//////////////////////////////////////	Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability Con	/ /
Florida document number <u>L 250 0000 3</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limite	ad liability company baras
<u> </u>	
PENELOPE	NowLing LCC
The 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:	3206 HILL top LN
(Principal office address MUST BE A STREET ADDRE	
	2011
Enter new mailing address, if applicable:	_2840 West BAY CE
(Mailing address MAY BE A POST OFFICE BOX)	PMB 134 PB C
	Belleair BluFES, EL 33770
	7
	office address on our records, enter the name of the new registered
agent and/or the new registered office address here:	
0	
Name of New Registered Agent: PE	NELOPE Nowling
7 -	TD ( LIME P )
New Registered Office Address:	Enter Florida street address
1	<b>7</b>
LA	$\frac{R90}{G}$ , Florida $\frac{33770}{G}$
	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

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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(If an effe Note:   1	re date, if other than the date of filing:
he record ord is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of; (b) The 90th day after the d.
Dated _	January 9. 2025.
	Signature of a member of authorized representative of a member
	V

Filing Fee: \$25.00