

L19000007354

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

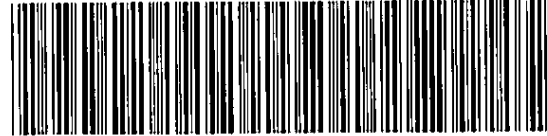
(Business Entity Name)

(Document Number)

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○ SIMMONS

MAY 13 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Pure Heart In-Home Services 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:

Debra Young
Name of Person

Firm/Company

1926 Ford St
Address

Fort Myers, FL 33916
City/State and Zip Code

Pureheartinhome services@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lakeyatta Hayward at (239) 202-3547
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 Filing Fee
- \$30.00 Filing Fee & Certificate of Status
- \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$60.00 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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Done

cr2e049

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Pure Heart In-Home Services 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 3-4-2019 and assigned Florida document number L19000007354

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Pure Heart In-Home Services LLC

The new name must be distinguishable and contain the words "Limited 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 ADDRESS)

13410 Parker Commons Blvd

Suite 105b

Fort Myers Fort, 33912

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

13410 Parker Commons Blvd

Suite 105b

Fort Myers FL, 33912

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:

Name of New Registered Agent:

Debra Young

New Registered Office Address:

1926 Ford st.

Enter Florida street address

Fort Myers

Florida

33916

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

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

Title	Name	Address	Type of Action
MGR	Lakayata Hayward	13420 Parker Commons Blvd	<input type="checkbox"/> Add
		Suite 105b	<input type="checkbox"/> Remove
		Fort Myers Fl, 33912	<input type="checkbox"/> Change
MGR	Camesha Young	13410 Parker Commons Blvd	<input type="checkbox"/> Add
		Suite 105b	<input type="checkbox"/> Remove
		Fort Myers Fl, 33912	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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D. If amending any other information, state changes; here: (attach additional sheets, if necessary.)

Here Employer Identification Number - 323-4470231

F. Effective date, if other than the date of filing:

(1) as a future date is listed, the date must be specific and cannot be prior to date of filing or 90 days after filing. Payment to 902 902 902.
Note: If the date intended in this block does not meet the applicable statutory filing requirements, that date will not be filed and the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective date, 902 902 902.
(b) The 90th day after the record is filed.

Date:

Carisha Young Lakeratta Hayward

Carisha Young Lakeratta Hayward

Page 3 of 3
Filing Fee: \$25.00

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MAY 13 PM 1:34
STATE DEPT OF STATE
INDIANAPOLIS, INDIANA