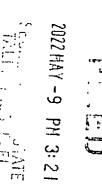
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COVER LETTER

Division of Co	rporations	;	:
WILD HE	ARTS.EXPRESS LLC		
SUBJECT:	Name of Lim	ited Liability Company	
WILD HEARTS.EXPRESS LLC Name of Limited Liability Company he enclosed Articles of Amendment and fee(s) are submitted for filing. lease return all correspondence concerning this matter to the following: SARAH CARBONE: Name of Person WILD HEARTS EXPRESS LLC Firm/Company 9791 LAKEVIEW DR Address NEW PORT RICHEY, FL 34654 City/State and Zip Code AS.WILDHEARTS@GMAIL.COM E-mail address: to be used for future annual report notification) or further information concerning this matter, please call: SARAH CARBONE Name of Person 1 727 Name of Person Name of Person Daytime Telephone Number			
Please return all corresp	ondence concerning this matter	to the following:	
	SARAH CARBONE		
	****	Name of Person	
	WILD HEARTS EXPRES	SLLC	
		Firm/Company	
	9791 LAKEVIEW DR		
		Address	
	NEW PORT RICHEY, FL	. 34654	
		City/State and Zip Code	
	-		8 2 2 2 2
For further information			невион
		at ()	a Talanhana Mumbar
Name	of Person	Area Code Dayum	e resemble Number
Enclosed is a check for	the following amount:		
\$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
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P.O. Box 63		The Centre of T	•

Tallahassee, FL 32314

TO:

Registration Section

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**



WILD HEARTS EXPRESS LLC

2022 HAY -9 PH 3: 21

(<u>Name of the Limited Liability</u> (A Florida l	Company as it now appears limited Liability Company)	on our records.) Signature of the state of t		
The Articles of Organization for this Limited Liability Co				
Florida document number 1.21000199483	<u>-</u> ·			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limit	ed liability company her	<u>e</u> :		
THE WILD HEART OUTDOORS LLC				
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the des	signation "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	9791 LAKEVIEV	9791 LAKEVIEW DR		
(Principal office address MUST BE A STREET ADDRE	NEW PORT RIC	HEY FL 34654		
Enter new mailing address, if applicable:	9791 LAKEVIEV	9791 LAKEVIEW DR		
(Mailing address MAY BE A POST OFFICE BOX)	NEW PORT RIC	HEY FL 34654		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our rec	cords, enter the name of the new registe		
Name of New Registered Agent: ANDRI	EW CARBONE			
New Registered Office Address: 9791 La	AKEVIEW DR			
	Enter Florid	la street address		
NEW P	ORT RICHEY	, Florida 34654		
	Cin	Zip Code		

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.

(15thanging 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>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	ANA M CARLSEN	7519 HOLLY LAKE LN	🗆 Add
		NEW PORT RICHEY FL 34653	■Remove
			□Change
MGR	ANDREW D CARBONE	9791 LAKEVIEW DR	= Add
		NEW PORT RICHEY FL 34654	□Remove
			□Change
			🗆 Add
		<u> </u>	Remove
		-	□Change
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