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SB 7/14/7025

## **COVER LETTER**

TO: Registration Section Division of Corporation			<b>a</b>
SUBJECT:	Garnet Name of Lim	Heart Home  ited Liability Company	suc
The enclosed Articles of Am	endment and fee(s) are sub	mitted for filing.	
Please return all corresponde	nce concerning this matter	to the following:	
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	800 E	ern wood Address	
	W PC	3 EL 33 City/State and Zip Code	405 -10gmail or
-	E-mail address: (	nibreak gir	- lagnaile ar
For further information cone	erning this matter, please co	ıll:	
Name of Per	Vacdak	as at (500) 33 Area Code Daytime	- 2586 Telephone Number
Enclosed is a check for the fo	ollowing amount:		
\$25.00 Filing Fee	S30.00 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:		Street Address:	

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

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

O	正常 弄 "4
Garnet He	eart Homes LLC = Liability Company)  were filed on May 8, 2025 nd assigned
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limited liab</u>	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	lity 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)	Mary Jo Capotrio 727 Bunker 22 Rd WPB FL 33405
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Mary Jo Capotrio 727 SUNKER Pd WPB FL 33405
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>enter the name of the new registered</u>
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

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 Type of Action Danielle Vardakas 800 Fernwood Dradd WPB FL 33405 XRemove MGR Mary Jo Capotrio 727 Bunker Sol pando ☐ Change  $\square$ Add □Remove ☐ Change □Remove \_\_\_\_\_ □Change \_\_\_ \_ \_ \_ \_ \_ \_ Add □Remove bbA□

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an offecti lo <u>te:</u> If t	date, if other to we date is listed, the he date inserted 's effective date	e date must be spe in this block doc	cific and can es not meet	the applical	o date of filing ble statutory	g or more than filing requir	(option 90 days after freements, this	nal) iling.) Pursuant to date will not be	605.0207 listed as
record sp I is filed.	oecifies a delayed	l effective date.	but not an e	ffective tin	ne, at 12:01	a.m. on the e	arlier of: (b)	The 90th day a	ifter the
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Filing Fee: \$25.00