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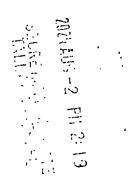
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COVER LETTER

TO: Registration Se Division of Cor			
	Services, LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Evelyn Marquis		
		Name of Person	
	Heavenly Services, LLC		207 SE
	-	Firm/Company	
	8011 Romaine St. Unit 11	0	SECRETAR TALLAR
	 	Address	
	Los Angeles, CA 90046		7 - T
		City/State and Zip Code	
	evelyn@heavenlyservicesl	le.com (to be used for future annual report not	
For further information of	n-mail address: concerning this matter, please c		meanon)
Evelyn Marquis		310 850-9955	
Name o	of Person	at ()	ne Telephone Number
Enclosed is a check for t	he following amount:		
S25.00 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)
<u>Mailing Addre</u> Registration		Street Address: Registration Se	ection
Division of C	lorporations	Division of Co	
P.O. Box 632		The Centre of	
Tallahassee.	P1. 52514	2415 N. Monro	be Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Heavenly Services, LLC	
(Name of the Limited Liability Company as it now app (A Florida Limited Liability Company	ears on our records.)
The Articles of Organization for this Limited Liability Company were filed on Florida document number	06/27/2022 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company	<u>here</u> :
The new name must be distinguishable and contain the words "Limited Liability Company," the	e designation "L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2 23
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>
	<u> </u>
	2
Enter new mailing address, if applicable:	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)	2:
	19
B. If amending the registered agent and/or registered office address on our	records, enter the name of the new register
igent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	
Enter F	lorida street address
	Florida
(in.	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. Thereby 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, <u>enter the title, name, and address of each person_being added</u> or removed from our records:

or remov	ed from our records:		
MGR =	Manager		

AMBR = A	authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□Remove
			Change
			□Add
			□Remove
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r record specifies a delayed effecti rd is filed,	ve date, but not an e	ffective time, a	at 12:01 a.m.	on the earlier of:	(b) The 90th d	ay after the
June 20th, Dated	2(024				
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Filing Fee: \$25.00

Typed or printed name of signer