

# L 1900000 7354

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

(Business Entity Name)

(Document Number)

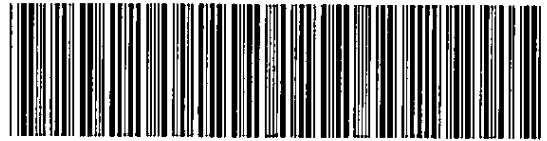
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Special Instructions to Filing Officer:

25th

Office Use Only



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02/13/19--01010--003 \*\*25.00

FILED

2019 MAR 25 PM 5:04

SECRETARY OF STATE  
TALLAHASSEE, FL

LLC

N/C

Amend.

03/26/19

DC



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 13, 2019

VAKEYATTA HAYWARD  
P. O. BOX 62732  
FT. MYERS, FL 33906

SUBJECT: PURE HEART HOMES LLC  
Ref. Number: L19000007354

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

PLEASE CHECK ONE BOX FOR EACH NAME BEING ADDED, REMOVED OR CHANGED ON PAGE 2 OF 3 OF THE DOCUMENT.

PLEASE LIST ONLY ONE NAME IN SECTION A. OF THE DOCUMENT AS TWO NAMES APPEAR AT THIS TIME IN THIS SECTION. WE MUST KNOW SPECIFICALLY WHAT NAME YOU ARE CHANGING THE LLC NAME TO.

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Darlene Connell  
Regulatory Specialist II Supervisor

Letter Number: 619A00005021



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 26, 2019

LAKEYATTA HAYWARD  
P. O. BOX 62732  
FT. MYERS, FL 33906

SUBJECT: PURE HEART HOMES LLC  
Ref. Number: L19000007354

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

ARTICLES OF ORGANIZATION FORMS WERE SENT TO OUR OFFICE FOR FILING. IT APPEARS THAT YOU ARE CHANGING THE NAME OF YOUR LIMITED LIABILITY COMPANY AND THE FORM NEEDED TO DO THIS IS A LLC AMENDMENT FORM.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Darlene Connell  
Regulatory Specialist II Supervisor

Letter Number: 419A00004058

## 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:

Lakeyatta Hayward & Lamesha Young  
Name of Person

Pure Heart in home services  
Firm/Company

PO Box 62732  
Address

Fort Myers FL 33906  
City/State and Zip Code

Pureheart/homes@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 ) 281-8223  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

RECEIVED

MAR 07 2019

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

Pure Heart Homes LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

**FILED**  
2019 MAR 25 PM 5:04  
SECRETARY OF STATE  
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 1-4-19

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 Service LLC

~~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)

3313 Armstrong Ct.

Fort Myers FL 33916

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

P.O. Box 62-732

Fort Myers FL 33906

**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

City

Florida 33916

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Lakeyatta Hayward	P.O. Box 62732	<input checked="" type="checkbox"/> Add (Same)
		Fort Myers FL 33906	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Camesha Young	3313 Armstrong Ct.	<input checked="" type="checkbox"/> Add
		Fort Myers FL 33906	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated 3-4-2019, \_\_\_\_\_

C. yz Zakyaah Hayur O  
Signature of a member or authorized representative of a member

Signature of a member or authorized representative of a member

Carneshia Young Lakeyatta Hayward  
Typed or printed name of signee

Typed or printed name of signee