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EXAMINER



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EXAMINER

COVER LETTER

TO: Registration 5 Division of Co			
SUBJECT: HEQU	rtland Enler (Name of Lin	nited Liability Company)	
The enclosed Articles o	f Amendment and fee(s) are sul	bmitted for filing.	,
Please return all corresp	condence concerning this matter	r to the following:	
	Christophi	er J Douis (Name of Person)	
		(Firm/Company)	
	1751 Mak	nan Orive	
	Tallahassee	(City/State and Zip Code)	·
For further information	concerning this matter, please c	all:	·
		at ()	
(Name	of Person)	(Area Code & Daytime T	Celephone Number)
Enclosed is a check for t	he 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)
	INC ADDRESS		4.D.D.D.G.G

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Heartland Enters	orises Lic			
(<u>Name of the Limited Liabila</u> (A Florida	ty Company as it now appears on Limited Liability Company)	our records.)		
The Articles of Organization for this Limited Liability	Company were filed on	13/200-1	and as	ssigned
Florida document number <u>LO40000742</u> Z	'	·		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lin	nited liability company here:			
The new name must be distinguishable and end with the wo "L.L.C."	ords "Limited Liability Company,"	the designation "LLC"	or the	abbreviation
Enter new principal offices address, if applicable:		¥2.,.		
(Principal office address MUST BE A STREET ADD	RESS)	المارية البيد الراباء	င်း	
		مراجع مثال محاود المحاود المحاود المحاود)J	en en
	-	(A) 100 100 100 100 100 100 100 100 100 10	2	Chartening.
Enter new mailing address, if applicable:		1977 g 3	TP.	190-4
(Mailing address MAY BE A POST OFFICE BOX)		English Cons	ထ	
		٦	က	11.32.
		34-1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
B. If amending the registered agent and/or regis		ecords, enter the r	ame	of the new
Name of New Registered Agent:				
New Registered Office Address:				
	(Enter F	Florida street address)	
		, Florida		
	(City)	(2	Zip Cod	ae)

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 608, 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 amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member Type of Action Title Address Name MGRM Moelle Booth 2768 Eastriew Lane Z Remove Tallohassee, El. 32309 ☐ Add Remove Remove 🗂 Add Remove ☐ Add ☐ Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00