L07000018885

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2011 APR 24 AM N: 87 SECRETARY OF STATE TANKAMASSEE FLORIDA

C. LEWIS

APR 2 2 2011

EXAMINER

COVER LETTER

TO: Registration S Division of Co					
SUBJECT:	Smal	l Hearts Too			
		ited Liability Company			
	f Amendment and fee(s) are sul	-			
i iouse iouan un corresp	ondono concerning and matter	was tollowing.			
		Angela Small			
		Name of Person			
		Small Hearts Too			
		Firm/Company			
•		14531 Cresent Ave.			
		Address			
٠	Po	Port Charlotte, Fl. 33953			
	0.5	City/State and Zip Code			
	E-mail address: (ngelasmall3@aol.com to be used for future annual report no	otification)		
For further information	concerning this matter, please of	cail:			
Α	ngela Small	at (_941)	204-2022		
Name	of Person	Area Code & Day	time Telephone Number		
Enclosed is a check for	the 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)		
Maii	LING ADDRESS:	STREET/COU	RIER ADDRESS:		

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

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2011 APR 24 AM H: 87

SECRETARY OF STATES
TABLE AHASSEE FEORIDA Small Hearts Too (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on L07000018885 Florida document number This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: A Place 4 Small Hearts L.L.C. The new name must be distinguishable and end with 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street address City

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 Changing Registered Agent, Signature of New Registered Agent

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:

<u>`itle</u>	<u>Name</u>	<u>Address</u>	Type of Action
			Add Remove
			Add Remove
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If amen	ding any other information, enter chang	ge(s) here: (Attach additional sheets, if necessa	7A 2011
_			2011 APR 24 AM SECRETIARY DE TALLAHASSEE F
			FF SID
 ated	April 19th , 20	<u>)11 </u>	AR M. 87
 ated	anale	on authorized representative of a member	RIE S

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