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SECRETARY OF STATE

J. BRYAN

JUN - 9 2009

**EXAMINER** 

## **COVER LETTER**

TO:	Registration S Division of Co				
SUBJE	FCT:	Amv	Imber, LLC		
30001			ited Liability Company		
The en	closed Articles of	f Amendment and fee(s) are sul	omitted for filing.		
Please	return all corresp	ondence concerning this matter	to the following:		
			Amy Imber	Fig. 9	
			Name of Person	SECTION ALL	
Connecting			Hearts Adoption Services, LI	c 器三	
			Firm/Company	SSR ARY	
(			3213 River Fruit Court	09 JUN-8 PM 2: 1 SECRETARY OF STATALLAHASSEE, FLOR	
			Address		
	Windermere, FL 34786  City/State and Zip Code				
		aı	myimber@yahoo.com		
For fur	ther information	E-mail address: ( concerning this matter, please o	to be used for future annual report notificate	ion)	
		Amy Imber		33-8642	
		of Person	Area Code & Daytime To		
Enclos	ed is a check for	the following amount:			
\$25	5.00 Filing Fee	\$30.00 Filing Fee &  Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		tration Section on of Corporations Box 6327	STREET/COURIER Registration Section Division of Corporation Clifton Building 2661 Executive Cente Tallahassee, FL 3230	ons r Circle	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

Amy Imber, LLC

( <u>Name of the Elmited Liabil</u> (A Florid	a Limited Liability Company	ars on our records.)	64 -
			RETE -
The Articles of Organization for this Limited Liability	Company were filed on	August 13, 2007	and assigned
Florida document numberL0700083228	•		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the li	mited liability company h	ere:	
Connecting He	earts Adoption Service	s, LLC	
The new name must be distinguishable and end with the w "L.L.C."	ords "Limited Liability Com	pany," the designation "Ll	.C" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADI	ORESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
	-		
	<del></del>		
B. If amending the registered agent and/or regregistered agent and/or the new registered office ac		our records, enter th	e name of the new
	-		
Name of New Registered Agent:			
New Registered Office Address:			
<del></del>	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 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 amehding 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 **Title** <u>Name</u> <u>Address</u> Type of Action ☐ Add Remove ☐ Add Remove ☐ Add Remove ∏Add Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) June 4 2009 Dated \_\_\_\_ Signature of a member or authorized representative of a member Amy Imber

Page 2 of 2

Filing Fee: \$25.00

Typed or printed name of signee