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SECRETARY OF STATE

T. CLINE

JUL 24 2012

**EXAMINER** 

## COVER LETTER

The enclosed Articles of Amendment and fee(s) are submitted for filing.  Please return all correspondence concerning this matter to the following:    KC   Chun hachart    Name of Person     Heaven ly Lafe, LLC     Firm/Company     L281   Flage   LLC     Flage   LLC     Firm/Company     L281   Flage   LLC     Firm/Company     L281   Flage   LLC     Firm/Company     L281   Flage   LLC     Flage   LLC     Firm/Company     L281   Flage   LLC     Flage   LLC     Flage   LLC     Firm/Company     L281   Flage   LLC     Flage   LLC     Flage   LLC     Firm/Company     L281   Flage   LLC	TO: Registration Section Division of Corporations	
RC   Chun hachart     Name of Person	SUBJECT: Heavenly Cope Name of Limite	ed Liability Company
RC Chun hachart    Name of Person     Ideaven ly Cafe LCC     Firm/Company     1281	The enclosed Articles of Amendment and fee(s) are subr	mitted for filing.
Heavenly Case   Lic	Please return all correspondence concerning this matter to	to the following:
1281   Place Cucle	KC	Chun hachart 1 Name of Person
State   Stat		Firm/Company
E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:    KC Chunhochart		Addices
E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:    KC Chunhochart	POWEN	Servery Island FL 33044 City/State and Zip Code
Solution	E-mail address: (to	B Talktome @ GMail be used for future annual report notification)
Enclosed is a check for the following amount:    \$\sum_{\text{\$\frac{1}{2}}}\$ \sqrt{\text{\$\frac{1}{2}}}\$ \t		
**S25.00 Filing Fee ** Certificate of Status Certified Copy (additional copy is enclosed)  **MAILING ADDRESS: Registration Section**  **S55.00 Filing Fee ** S60.00 Filing Fee, Certificate of Status ** Certified Copy (additional copy is enclosed)  **S55.00 Filing Fee ** S60.00 Filing Fee, Certificate of Status ** Certified Copy (additional copy is enclosed)  **Certified Copy (additional copy is enclosed)  **STREET/COURIER ADDRESS: No. 2015  **Registration Section**  **Registration Section**  **Solution	KC Chunhacharti Name of Person	at ( S61 ) 255 -8462  Area Code & Daytime Telephone Number
Certificate of Status  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)  MAILING ADDRESS:  Registration Section  Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)	<del>-</del>	
MAILING ADDRESS: STREET/COURIER ADDRESS: Registration Section Registration Section	\$25.00 Filing Fee & Certificate of Status	Certified Copy Certificate of Status & Certified Copy
Division of Corporations Division of Corporations	Registration Section Division of Corporations P.O. Box 6327	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Heave	nly Cohe, LLC Listility Company as it now appears on our records.)	
(Name of the Limited I	Lighility Company as it now appears on our records.) Florida Limited Liability Company)	<del></del>
The Articles of Organization for this Limited Lia Florida document number		8 and assigned
This amendment is submitted to amend the following	wing:	
A. If amending name, enter the new name of	the limited liability company here:	
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Company," the designation '	LLC" or the abbreviation
Enter new principal offices address, if applica	ble:	
(Principal office address MUST BE A STREET	(ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE B	<u> </u>	
B. If amending the registered agent and/o registered agent and/or the new registered off	r registered office address on our records, enter ice address here:	the name of the new
	<del></del>	
Name of New Registered Agent:		14 2 2 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
New Registered Office Address:		mg T
	Enter Florida street aa	dress =
	, 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 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 <u>Title</u> <u>Name</u> **Address Type of Action** Plaza Circle John Lupien MGR 1281 ☐ Add Beach i 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.) may 1, 2012 Signature of a member or authorized representative of a member

Page 2 of 2

KC

Chunhacharti Typed or printed name of signee

Filing Fee: \$25.00