## L09 0000 85756

| (Requestor's Name)                      |
|---|
| (Address)                               |
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| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
|   |
| (Document Number)                       |
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**EXAMINER** 

## **COVER LETTER**

| Division of Co   | cpocations  |   | e e                  |   |            |
|--|---|---|----------------------|---|------------|
| SUBJECT:}  | HEAVENLY INVEST                                   | MENT ENTERPRISE                           | SLLC                 |   |            |
|  | <del>· · · · · · · · · · · · · · · · · · · </del> | ted Liability Company                     |                      |   |            |
|  |   |   |                      |   |            |
| The enclosed Articles of   | f Amendment and fee(s) are sub                    | emitted for filing.                       |                      |   |            |
| Please return all corresp  | ondence concerning this matter                    | to the following:                         |                      |   |            |
|  |   | Ophel Williams                            |                      |   |            |
|  | Name of Person                                    |   |                      |   |            |
|  | HEAVENLY INVESTMENT ENTERPRISES LLC               |   |                      |   |            |
|  | Firm/Company                                      |   |                      |   |            |
| 111 E Monument Ave. Suite 511  |   |   |                      |   |            |
|  |   | Address                                   |                      |   |            |
|  |   | Kissimmee FI                              |                      |   |            |
|  |   | City/State and Zip Code                   |                      |   |            |
| platinumcleaningservices@msn.com  E-mail address: (to be used for future annual report notification) |   |   |                      | 7 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 |            |
|  |   | ·   | inteationy           | 至常 名                                    | i i        |
| For further information  | concerning this matter, please c                  | all:                                      |                      | 100 P                                   | 100 Sp 4/4 |
|  | phel Williams                                     | at ( 407 )                                | 312-4152             | 50.                                     |            |
| Name   | of Person   | Area Code & Dayt                          | ime Telephone Number |   |            |
| Enclosed is a check for  | the following amount:                             |   |                      | <del>-</del> -                          |            |
| <b>₹</b> 25.00 Filing Fee  | Certificate of Status                             | Certified Copy (additional copy is enclos | ed) Certified        | te of Status &                          | sed)       |
|  |   |   |                      |   |            |

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

TO:

Registration Section

STREET/COURIER ADDRESS: Registration Section Division of Corporations Cliffon Building 2661 Executive Center Circle Tallahassee, FL 32301.

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

## HEAVENLY INVESTMENT ENTERPRISES LLC (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 file   | ed on09/04/2009                 | and assigned                  |  |
|-------------------------------|--|---------------------------------|-------------------------------|--|
| Florida document number       | L09000085756   |                                 |                               |  |
| This amendment is submitted   | to amend the following:  |                                 |                               |  |
| A. If amending name, enter    | the new name of the limited liability con  | npany here:                     |                               |  |
| The new name must be distingu | ishable and end with the words "Limited Liabi  | lity Company," the designation  | n "L.L.C" or the abbreviation |  |
| Enter new principal offices:  | address, if applicable:  |                                 | 7 SE THE                      |  |
| (Principal office address MU  | ST BE A STREET ADDRESS)  |                                 | <b>新名</b> 75                  |  |
|                               |  |                                 |                               |  |
|                               |  |                                 |                               |  |
| Enter new mailing address,    | <del></del>  |                                 |                               |  |
| (Mailing address MAY BE A     | POST OFFICE BOX)   |                                 | Om                            |  |
|                               | ered agent and/or registered office add<br>new registered office address here:<br>fered Agent: | ress on our records, <u>ent</u> | er the asme of the new        |  |
| New Registered Off            | ice Address:   |                                 |                               |  |
| - 12 Roughand VII             |  | Enter Florida street address    |                               |  |
|                               |  |                                 |                               |  |
|                               | 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 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 |                                     |  |                |  |  |  |
|------------------------|-------------------------------------|--|----------------|--|--|--|
| Title                  | Name                                | Address  | Type of Action |  |  |  |
| MGRM                   | Ophel Williams                      | 111 E, Monument Ave. Suite 511<br>Kissimmee Ft, 34741    | Add Remove     |  |  |  |
|                        |                                     |  | Add Remove     |  |  |  |
|                        | <del> </del>                        |  | Add Remove     |  |  |  |
|                        | <del></del>                         |  | Add<br>Remove  |  |  |  |
| <del></del>            | ·                                   |  | Pattd Remove   |  |  |  |
|                        |                                     |  | 2 17:          |  |  |  |
| D. If amend            | ling any other information, enter c | hange(s) here: (Attach additional sheets, if necessary.) |                |  |  |  |
|                        |                                     |  | <del></del>    |  |  |  |
| Dated                  | August 29                           | 2012   |                |  |  |  |
|                        | Signature of a ma                   | Lilliann A representative of a member                    |                |  |  |  |
|                        | Signature of a me                   | OPHEL WILLIAMS   |                |  |  |  |
|                        |                                     | vped or printed name of signee                           |                |  |  |  |

Page 2 of 2

Filing Fee: \$25.00