

L 10 000 0 74614

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

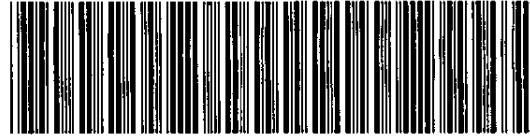
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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

May 18, 2015

Dear Brenda,

Thank you so much for talking with me about how to make the change of names from Heartfelt Management Services, LLC to McCaskill Enterprises, LLC. I can be reached at anytime at 407.694.7372.

Please return the enclosed documentation to me at:

9742 Green Island Cove

Windermere, FL 34786

I appreciate your assistance more than you know!

Sincerely,

A handwritten signature in black ink, appearing to read 'Susan', is written over the printed name.

Susan T. McCaskill

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: HeartFelt Management Services LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Susan T. McCaskill

Name of Person

McCaskill Enterprises LLC

Firm/Company

9742 Green Island Cove

Address

Windermere, FL 34786

City/State and Zip Code

smccaskill21@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Susan T. McCaskill

407

694-7372

at ()

Name of Person

Area Code

Daytime 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)

MAILING ADDRESS:

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

ATTN: BREND A VORISEK
PERSONAL & CONFIDENTIAL

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**

HeartFelt Management Services 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 filed on 4/9/2010 and assigned
Florida document number L10000039014.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

McCaskill Enterprises LLC

The new name must be distinguishable and contain 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)

9742 Green Island Cove

Windermere, FL 34786

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:

Susan T. McCaskill

(Same Registered Agent but new address)

New Registered Office Address:

9742 Green Island Cove

Enter Florida street address

Windermere

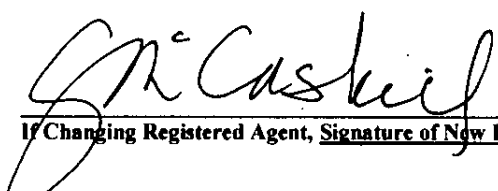
Florida 34786

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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	☐ Add
		_____	☐ Remove
		_____	☐ Change
_____	_____	_____	☐ Add
		_____	☐ Remove
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		_____	☐ Remove
		_____	☐ Change
_____	_____	_____	☐ Add
		_____	☐ Remove
		_____	☐ Change

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) **Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated 5/15, 2015

McCaswell

Signature of a member or authorized representative of a member

SUSAN T. McCASKILL

Typed or printed name of signee