## 11000071249

(Re	questor's Name)	_		
(Address)				
(Ad	dress)	<u> </u>		
(Cit	ry/State/Zip/Phone	e #)		
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OCT 22 2010

**EXAMINER** 



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ECRETARY OF STATE

## **COVER LETTER**

TO:	Registration Sect Division of Corpo			,
SUBJI	ECT:	Hearthade Succe Name of Limited Li	iability Company	<u> </u>
The en	closed Articles of A	mendment and fee(s) are submitte	d for filing.	
Please	return all correspond	dence concerning this matter to the	e following:	,
		Lisa Sto	Name of Person	
		Heartmade S	Suxets + Treats Firm/Company	, LLC
		2905 52°S+S	Address	
		Gulfport Flor	Fida 33707	
		E-mail address: (to be u	rhade Surects, Cossed for future annual report notifical	ion)
For fur	ther information cor	acerning this matter, please call:		
	Lisa Stol	rerson	at ( <del>727) 686 37</del> Area Code & Daytime T	clephone Number
Enclos	ed 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

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

HEARTHADE SWEETS +TREATS, LLC

( <u>Name of the Limited Liability Company</u> (A Florida Limited Lia	y as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company v Florida document number 12000071249.	vere filed on Tuly 4, 2010 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	ity company here:
The new name must be distinguishable and end with the words "Limite "L.L.C."	7
Enter new principal offices address, if applicable:	SECHALLA
(Principal office address MUST BE A STREET ADDRESS)	CT 21 HASSE
	OF STI
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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
166H	Lisa Stoker	2905 52 rd St S Gulfpar, FL 3370	
	<del></del>		Add Remove
			Add Remove
	·		Add Remove
<del></del>			AddRemove
	<del></del> -		Add Remove
D. If ame	nding any other information,	enter change(s) here: (Attach additional sheets, if	necessary.)
<del></del> -			
– Dotod	10-18 (19)	<u>, 2010</u> .	······································
Daicu	lino	e of a member or authorized representative of a member	
	<u>-</u>	Lisa Stoker Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00