

L11000006627

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

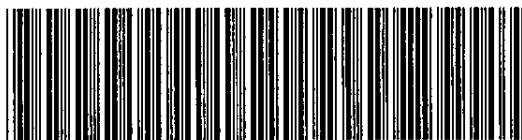
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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CLERK OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

APR 26 2012

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT:

Young Hearts, 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:

Steven Cook

Name of Person

Firm/Company

501 S. Royal Poinciana Blvd Apt 28

Address

Miami Springs FL 33166

City/State and Zip Code

Steveinsaugus@yahoo.com

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

For further information concerning this matter, please call:

Steven Cook

Name of Person

at 786 486-3112

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

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

FILED
APR 28 2010
TALLAHASSEE, FLORIDA

FILED

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Preventive Vascular Solutions

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

LLC

The Articles of Organization for this Limited Liability Company were filed on 1-18-2011 and assigned
Florida document number L 11 00000 6627

This amendment is submitted to amend the following:

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

~~Preventive Vascular Solutions~~ Young Hearts, LLC

The new name must be distinguishable and end with 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)

501 S. Royal Poinciana Blvd
Apt 28
Miami Springs, FL 33166

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

"Same"

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:

N/A

New Registered Office Address:

N/A

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.

N/A
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

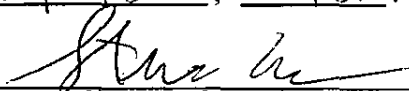
| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|-------------|----------------|---------------------------------|
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Just company name.

From Preventive Vascular Solutions to (Young Hearts, LLC)

Dated 4-21-12, 2012.



Signature of a member or authorized representative of a member

Steven Cook

Typed or printed name of signee

FILED
APR 20 2012
CLERK OF DISTRICT COURT
JACKSONVILLE, FLORIDA