## L11000031966

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**EXAMINER** 

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

j

## **COVER LETTER**

TO: Registration Section Division of Corporation					•
SUBJECT: Thr	endheart, LL	Ç			
SUBJECT: Thr	Name of Limit	ted Liability Company			
The enclosed Articles of An	nendment and fee(s) are sub	mitted for filing.			
Please return all corresponde	ence concerning this matter	to the following:			
•	James	Dérmine ij Name of Person			
	The	readheart, LLC Firm/Company			
		Firm/Company			
	2555 N. For	Address			
		Address			
	Orland	City/State and Zip Code	<u> </u>	7.S. 28	
					س_
-	ع لی ل E-mail address: (t	o be used for future annual report notification	n) A		
For further information cond	eerning this matter, please co	all:	)	LAUG 16 AM NO OU	FILED
James Dor Name of Pe	MINEY	at (561) 308-7505 Area Code & Daytime Tele	ephone Number>	9	
Enclosed is a check for the f	ollowing amount:		•		
\$25.00 Filing Fee	√\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (	of Status &	
MAILING	G ADDRESS:	STREET/COURIER A	ADDRESS:		

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

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

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

(Name of the Limited Liability Comp (A Florida Limited	+, LLC.	un maganda \		
(A Florida Limited	Liability Company)	ii jecorus.)		
The Articles of Organization for this Limited Liability Compan	y were filed on 3/16	12011	and assigned	
Florida document number LII 000031966.				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited lia	bility company here:			
The new name must be distinguishable and end with the words "Lin"L.L.C."				
Enter new principal offices address, if applicable:	2555 N. Fo	rsyth	RD.	
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)  Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	Orlando, Fl Ste. E	3280-	20 T	
Enter new mailing address, if applicable:	2555 N. F.	rsyth R	G IS	
(Mailing address MAY BE A POST OFFICE BOX)	Orlando, FL Ste. F	.32807	OF A CO	
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address he	office address on our rec re:	ords, <u>enter</u>	the name of the ne	
Name of New Registered Agent: Johr	Grant			
New Registered Office Address: 2555	N. Forsyth RD	Ste. E		
	John Grunt  2555 N. Forsyth 120 Ste. E  Enter Florida street address			
<u>Orla</u>	n do City	_, Florida _	32807 Zip Code	
New Registered Agent's Signature, if changing Registered Agent	<u>2</u>			

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

Page 1 of 2

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>	Name	Address	Type of Action
MGR	Daniel SHAUN M. Parish	Hogs Burning Tree Dr. Destin, FL 32541	Add Remove
MGR	Ryan Scott Miller	11651 Manater Bay Lane Wellington, EL 33449	Add Remove
			Add Remove
			Add Remove
			Add Remove
		e(s) here: (Attach additional sheets, if necessaring Dorminey) to  orlando, FC 32807 Ste. E	Add Remove
D. If amen	ding any other information, enter chang	e(s) here: (Attach additional sheets, if necessary)	
<del></del> -	2555 N. Forsyth RD. (	Orlando, FC 32807 Ste. E	
		,	
Dated	July 2911, 201	1	<del></del>
	Signature of a member,	of authorized representative of a member	
		ne प् or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00