111000039568

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP . WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			

Office Use Only



000205759320

05/02/11--01030--012 **25.00

TIMAY -3 PH II: 65

D. BRUCE
MAY 0 4 2011
EXAMINER

COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT: DUA LAKE WORTH, 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:
CHERYL L. MARTIN Name of Person
DOUCET, MARTIN AND ASSOCIPTES, INC.
13334 POLO CWB ROAD # 251
WELLINGTON, FL 33414 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
CHERYL MARTIN at (56) 313-4317 Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$30.00 Filing Fee \$\ \text{Certificate of Status}\$\$ \$55.00 Filing Fee \$\ \text{Certified Copy}\$ (additional copy is enclosed) \$\ \text{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

Name of the Limited Liability Com (A Florida Limite	pany as it now appears on o	ur records.)
(A Florida Limite	ed Liability Company)	
The Articles of Organization for this Limited Liability Compa	any were filed on <u>64/</u> C	1 2011 and assigned
Florida document number <u>L11000039568</u>	·	•
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	iability company here:	
HEARTWOOD PROPERTY	MANAGEME	NT, LLC.
The new name must be distinguishable and end with the words "L "L.L.C."	imited Liability Company," th	e designation "LLC" or the abbreviatio
		16 day
Enter new principal offices address, if applicable:		Free Table 1
(Principal office address MUST BE A STREET ADDRESS)		
		Name of the second
Enter new mailing address, if applicable:		- 00
(Mailing address MAY BE A POST OFFICE BOX)		
		A • • • • • • • • • • • • • • • • • • •
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h		cords, enter the name of the new
registered agent and/or the new registered ornce address r	<u>uere</u> .	
Name of New Registered Agent:		
New Registered Office Address:	Enter Flo	orida street address
	2,110, 110	
	City	, Florida Zip Code
	/	r

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 = M: MGRM = 1	nnager Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			Add Remove
	·		Add Remove
			Add Remove
<u></u>			Add Remove
			Add Remove
D. If amen	ding any other information, enter change((s) here: (Attach additional sheets, if necessary.)	- - 5% =
_			MAY -3 PM
_	april 27, 20		D. STATE
Dated	WYF1 - 21, 20	e^{m}	
	Signature of a member of	authorized representative of a member	
		PRILL. MARTIN r printed name of signee	

Page 2 of 2

Filing Fee: \$25.00