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(Business Entity Name)

(Document Number)

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EXAMINER



400239779414

09/20/12--01013--030 **25.00

FR MD
SECRETARY OF STATE
DIVISION OF CERTIFICATIONS
12 SEP 20 PM 3:59

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Precious Hearts 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:

Veronica Fuller

Name of Person

Precious Hearts Services, LLC

Firm/Company

4656 Northbridge Drive #103

Address

Orlando FL, 32839

City/State and Zip Code

vfuller2009@hotmail.com

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

For further information concerning this matter, please call:

Veronica Fuller

Name of Person

at (407)

864-7278

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

12 SEP 20 11 3:59
SECRETARY OF STATE
DIVISION OF CORPORATIONS

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Precious Hearts 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 05/04/2011 and assigned
Florida document number L11000052410.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 SEP 20 11 3:59 PM

This amendment is submitted to amend the following:

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

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)

4656 Northbridge Drive #103

Orlando FL, 32839

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

PO BOX 690667

Orlando FL, 32869-0667

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:

New Registered Office Address:

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.

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

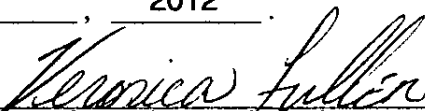
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Veronica Fuller	4656 Northbridge Drive #103 Orlando FL, 32839	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Vincent Scott	1309 East 33rd Ave Tampa FL, 33603	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
CEO	Veronica Fuller	4656 Northbridge Drive #103 Orlando FL, 32839	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

AMENDING ARTICLE III PURPOSE- ANY AND ALL LAWFUL BUSINESS

Dated August 17, 2012



Signature of a member or authorized representative of a member

VERONICA FULLER

Typed or printed name of signee