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EXAMINER

COVER LETTER

Division of	Corporations	.;	***		
SUBJECT:	THE HEAR	THE HEART OF LABELLE LLC			
	Name of Lim	ited Liability Company			
The enclosed Articles	s of Amendment and fee(s) are su	bmitted for filing.			
Please return all corre	espondence concerning this matte	r to the following:			
	(OSVALDO MARTINEZ			
Name of Person					
O&J PROFESSIONAL SERVICES INC					
	Firm/Company				
	782 NW 42 AVE # 2				
	Address				
MIAMI FL 33126			73 S		
City/State and Zip Code				e une pro-	
OSVALDOEMARTINEZ@AOL.COM E-mail address: (to be used for future annual report notification)			2011 DEC 16 SEGRETARI XILLEMASSI	h.ma m.ran	
For further information	on concerning this matter, please	call:			rr C
OS\	VALDO MARTINEZ	at (305)	446-4006		N. auto
Nar	me of Person	Area Code & Dayt	ime Telephone Number	₩	
Enclosed is a check f	or the following amount:				
✓ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	sed) Certified	te of Status &	ed)
MAILING ADDRESS:		STREET/COU	RIER ADDRESS:		

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

Registration Section

TO:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

THE HEART OF	- TABELLE LL	<u>C</u>		
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears Liability Company)	on our records.)		
The Articles of Organization for this Limited Liability Company	y were filed on	12/12/2011	and assigned	
Florida document numberL11000139562				
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 "Lim"L.L.C."	nited Liability Compan	y," the designation "Ll	.C" or the abbreviation	
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)		ं . इ.०. इ.०.		
Enter new mailing address, if applicable:		SEE FLOR	- 0	
(Mailing address MAY BE A POST OFFICE BOX)		Z Z	@	
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address he		ır records, <u>enter th</u>	e name of the new	
Name of New Registered Agent:				
New Registered Office Address:	. Frig			
	Enter Florida street address			
·	City	, Florida	Zin Code	
	1 1/1/		7.111 V. J.100C	

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> **Address** Type of Action MGR ANTONIO COLETTA 8731 NW 110 AVE ✓ Remove DORAL FL 33178 MGR NESTOR COLON 11200 SW 158 ST ✓ Add Remove MIAMI FL 33157 ☐ Add _ Remove □Add Remove ĀAdd ... [⊒Remove[‡] Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated ___ Signature of a member or authorized representative of a member

ALFONZO CUTILLO
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00