L12000044786

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COVER LETTER

TÒ:	Registration Section Division of Corporations	• • •
SURJECT:	Essence of the Heart LLC	8
	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:

aura McSeaton Name of Person Essence of the Heart LLC Firm/Company 3510 272nd ST. East Address Myakka City, FL 34251 City/State and Zip Code essenceoftheheart@gmail.com

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

For further information concerning this matter, please call:

Laura McSeaton

at (941) 920-0281

Area Code & Daytime Telephone Number

Name of Person

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 Tallahassec, 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

Essence of the Heart LLC (Name of the Limited L) (A F	iability Company lorida Limited Lia	y as it now appears on our records	<u>%</u>)
The Articles of Organization for this Limited Lial Florida document number <u>L12000044786</u>	pility Company v	vere filed on April 2, 2012	and assigned
This amendment is submitted to amend the follow A. If amending name, enter the new name of t		ity company here:	FIL 13 NOV -4 SEURETARY TALLAHASSE
The new name must be distinguishable and end with "L.L.C."	the words "Limite	ed Liability Company," the designat	
Enter new principal offices address, if applical	ole:	3510 272nd ST. East	7: 57 TATE ORIDA
(Principal office address MUST BE A STREET	ADDRESS)	Myakka City,FL 34251	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	ox)	3510 272nd ST. East Myakka City, FL 34251	
B. If amending the registered agent and/or registered agent and/or the new registered offi	· registered offi		nter the name of the nev
Name of New Registered Agent:	Laura McSe	aton	
New Registered Office Address:			at adduces
		Enter Florida stree	
	Myakka City		da 34251 Zip Code
		City	zip coae

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.

I 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 **Title Address Type of Action** <u>Name</u> 3905 62nd ST. East Lacinda Wilson **MGR** Add Bradenton, FL. 34208 Remove Remove 겂 Remove Remove Remove Remove

f amending any other information	, enter change(s) here: (Attach additional sheets, if necessary.)
_d November 1st	2013
Taun	Latoa
	re of a member or authorized representative of a member
Laura McSeaton	
	Typed or printed name of signee

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Filing Fee: \$25.00

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SECRETART OF STATE
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