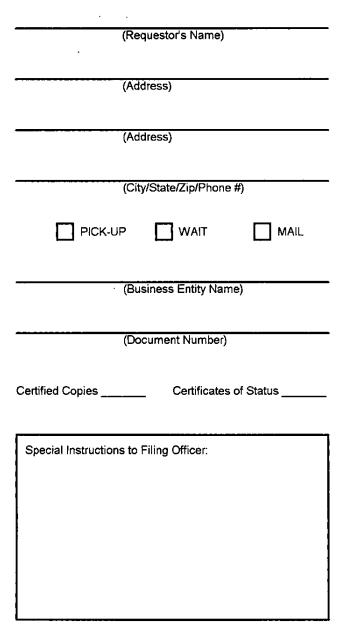
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Registration Section
Division of Corporations

HEAVENLY CARE COMPANION, 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:

WENDY RODRIGUEZ MANFREDI

Name of Person

HEAVENLY CARE COMPANION, LLC

Firm/Company

513 DOVE CT.

Address

KISSIMMEE, FL 34759

City/State and Zip Code

wen 031@hotmail.com

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

For further information concerning this matter, please call:

WENDY RODRIGUEZ MANFREDI

407

460-2062

Name of Person

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HEAVENLY CARE	COMPANION LLC	
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our recor Liability Company)	rds.)
The Articles of Organization for this Limited Liability Compan	y were filed on APRIL 15, 201	and assigned
Florida document number L13000056198		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
MANFREDI PAINTIN		
The new name must be distinguishable and end with the words "Lin"L.L.C."	nited Liability Company," the design	nation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		क्षा ज
(Mailing address MAY BE A POST OFFICE BOX)		
		$\overline{\mathbb{Q}}$ $\overline{\omega}$
B. If amending the registered agent and/or registered oregistered agent and/or the new registered office address he		enter the name of the new
Together and of the new registered office that ess ne	<u>a.c</u> .	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida sti	reet address
_	, Flo	rida
	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 **Title** Name <u>Address</u> **Type of Action** Remove Remove Remove Remove Add Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) ARTICLE VI - CAPITAL CONTRIBUTIONS THE MEMBERS WILL MAKE CONTRIBUTIONS AS FOLLOW: WENDY RODRIGUEZ MANFREDI 99% ELIDA Y. RUIZ NOGUERAS 1% **JULY 08** Dated Signature of a member of authorized representative of a member WENDY RODRIGUED MANFREDI Typed or printed name of signee Page 3 of 3

Filing Fee: \$25.00