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TALLAHASSEE, FLORIDA

NOV 18 2014

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Stitching Heart, 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:

Cynthia Christine Davis

Name of Person

Stitching Heart, LLC

Firm/Company

8174 Lexington Drive

Address

Jacksonville, FL 32208

City/State and Zip Code

Stitchingheartdesigns@gmail.com

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

For further information concerning this matter, please call:

Cynthia Christine Davis

Name of Person

904

at ()

Area Code

383-7427

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

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

Stitching Heart, 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 6/6/13 and assigned
Florida document number L13000081851.

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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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 605, 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 Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Chris C. Davis	8174 Lexington Drive	<input type="checkbox"/> Add
		Jacksonville, FL 32208	<input type="checkbox"/> Remove
		Please AMEND info above to below	
MGRM	Cynthia Christine Davis	8174 Lexington Drive	<input type="checkbox"/> Add
		Jacksonville, FL 32208	<input type="checkbox"/> Remove
		Thank you very much	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

Please CHANGE MGRM, Chris C. Davis, to MGRM Cynthia Christine Davis

I cannot open a bank account for my business until my name on the LLC

is an exact match on my Florida Driver's License. (Per Patriot Act.)

Two forms are here, one signed by the other MGRM in the event that I may not
change my name. Please use whichever (ONE) form will work. THANK YOU.

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated November 6, 2014

Chris Davis Cynthia Christine Davis

Signature of a member or authorized representative of a member

MGRM Chris C. Davis

Typed or printed name of signee

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