L14000 018 285

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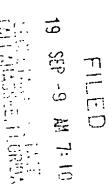


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SEP 1 7 2019 S. YOUNG



COVER LETTER

TO:

Registration Section Division of Corporations

subject: <u>He</u>	avenly Home L. Name of Limi	Datch Scruces ited Liability Company	,LLC
	Amendment and fee(s) are submodence concerning this matter		
	Mr.	Jan C. Comza	lez
	Heavenly !	tome Watch Ses	vices,LLC
	PO Box	Address	
		City/State and Zip Code Comp Watch a Gm. To be used for future annual report notion	
For turther information co	oncerning this matter, please ca		
Jan Co (CONZALEZ Person	at (<u>234</u>) <u>)) (6-</u> Area Code Daytim	e Telephone Number
Enclosed is a check for th	e 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)
Registr Divisio P.O. Bo	NG ADDRESS: ation Section n of Corporations ox 6327 ssee, FL 32314	STREET/COURI Registration Section Division of Corpora Clifton Building 2661 Executive Co	on rations

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Heaven y torre Date (Name of the Limited Liability Comp (A Florida Limited	Solvices any as it now appears on o Liability Company)	out records.)
The Articles of Organization for this Limited Liability Company Florida document number <u>L14000018285</u> .	y were filed on <u>Lan</u> u	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	bility company here:	
NIA		
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designa	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	NIA	——————————————————————————————————————
(Principal office address MUST BE A STREET ADDRESS)		= =
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	_N A	3 A A A A A A A A A A A A A A A A A A A
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address he		records, enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida st	reet address
		, Florida
	City	Zip Code
M. The Control of Charles of Charles and Assess		

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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being ador removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	JILLS. DIXON	1285 Sweatwates CV. #8	b Add
		Naples, FL 34110	Remove
			Change
·			Add
			☐ Remove
			☐ Change
			🗆 Add
			□ Remove
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	~		🗆 Add
			Remove
			Change

	N/A
	
Effec	tive date, if other than the date of filing: (optional)
(II an e	ffective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as t
docu	ment's effective date on the Department of State's records.
the re	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
) Th	e 90th day after the record is filed.
	0.0
Date	1 Dept 6 2019.
	A - M
	tan connach
	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00