## L 1400053533

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## **COVER LETTER**

TO: Registration S Division of Co			
RIGHTHE	EART, LLC		
SÚ <del>L</del> JECT:	Name of Lim	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Deandra Haertzen		
		Name of Person	<del></del>
	Rightheart, LLC		
	<del> </del>	Firm/Company	<del></del>
	509 Coachouse Court		
		Address	
	Louisville, KY 40223		
	1. 12: 62.1	City/State and Zip Code	<del></del>
	dealite@icloud.com E-mail address: (	to be used for future annual report notif	ication)
For further information	concerning this matter, please c	all:	
Rick L. Pardue		502 812-1111 at ( )	
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 Addre Registration Division of P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address: Registration Sec Division of Corp The Centre of T 2415 N. Monroe Tallahassee, FL	porations allahassee e Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	RIGHTHEA	·	7076 11 30 75 8: 25
(Name of the Limit	ed Liability Compa (A Florida Limited)	nny as it now appears on our Liability Company)	records.)
The Articles of Organization for this Limited L Florida document number £14000053533	iability Company	were filed on 4/1/2014	and assigned
This amendment is submitted to amend the foll	owing:		
A. If amending name, enter the new name o	f the limited liab	oility company here:	
The new name must be distinguishable and contain the v	vords "Limited Liabi	lity Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		2388 Silver Palm Drive	
Principal office address MUST BE A STREET ADDRESS)		Kissimmee, FL 34747	
Enter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BOX)		509 Coachouse Court Louisville, KY 40223	
B. If amending the registered agent and/or agent and/or the new registered office address:  Name of New Registered Agent:  New Registered Office Address:		zen Palms Way	
	Kissimmee	Enter Florida stree	
	KISSIHIIICC	City	, Florida <sup>34747</sup> 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Deandra Haertzen	509 Coachouse Court	
		Louisville, KY 40223	□Remove
			Change
MGR	Deborah Wright	9001 Hurstwood Court	□Add
		Louisville, KY 40222	■ Remove
			☐ Change
MGR	James Wright	9001 Hurstwood Court	\ \_Add
		Louisville, KY 40222	Remove
			Change
			□Remove
		1-	☐Change
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Note: If the dat	if other than the date of it is listed, the date must be specific inserted in this block does ctive date on the Department	not meet the applica	o date of filing or more t ble statutory filing red	(optional) han 90 days after filing.) I quirements, this date w	Pursuant to 605.0207 (3 ill not be listed as th
If the record specifie record is filed.	s a delayed effective date, bu	it not an effective tin	ne, at 12:01 a.m. on th	ne earlier of: (b) The	90th day after the
Dated	9	2024	<u>-</u> ·		
	Deardra J Signature	Halital of a member or sucho	n	member	
	idra Haertzen	0	,		
Dean	iara macrezem		I name of signee		