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Office Use Only



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COVER LETTER

TO: Registration Security Division of Cor			was teen a	
subject: <u>Hea</u>	venly Paws Name of Limi	House Calls ned Liability Company	UC 3	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	Kiva	R. James Name of Person		
	Heavenly	Paws House Firm/Company	Calls LLC	
	1949 Pa	um Vista Dvi	VE.	
	Apopka Krjame E-mil address: (1	FL 32712 City/State and Zip Code S 0620 @ 9 Mai to be used for future annual report not	fication)	
For further information co	oncerning this matter, please ea			
Kiva R Name o	. James Person	at (<u>407</u>) <u>252</u> Area Code Daytin	- 0723 te Telephone Number	
Enclosed is a check for th	ne following amount:			
S25,00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ 555.66 filling Fee of Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (addutional 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

V. T. T.	義報 MAY Do AN IT 2
KIVO James JVM	LLC
(Name of the Limited Liability Company as it no (A Florida Liability C	ompany)
The Articles of Organization for this Limited Liability Company were file Florida document number <u>L15000056188</u> .	ed on 3/30/2015 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability com Heavenly Fauls House The new name must be distinguishable and contain the words "Limited Liability Compa	Calls LLC
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)	
B. If amending the registered agent and/or registered office address here:	dress on our records, enter the name of the
Name of New Registered Agent:	
New Registered Office Address:	2. 8. 4. 4.
	Enter Florida street address
Chy	Florida
New Registered Agent's Signature, if changing Registered Agent:	zip Code
I hereby accept the appointment as registered agent and agree to accept visions of all statutes relative to the proper and complete perform accept the obligations of my position as registered agent as provided being filed to merely reflect a change in the registered office address	nance of my duties, and I am familiar with and I for in Chapter 605, F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

If amending Authorized Person(s) authorized to manage, <u>enter the title</u>, <u>name</u>, <u>and address of each person</u> <u>being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	Kara A. Abeyta	336 Silverdale Ave.	Add
	·	336 Silverdale Ave. Winter Garden FL	Remove
		34787	Change
	····		🗀 Add
			□ Remove
			Change
			🗆 Add
			Remove
		·	□ Change
	 -		□ Add
			☐ Remove
			🗖 Change
			🗆 Add
			Remove
			Change
			🗆 Add
			🗆 Remove
			□ Change

D. II am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
(If an et Note:	tive date, if other than the date of filing: June 1st 2019 (optional) Sective 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 (3x) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records.
If the re (b) Tha	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Dated	May 22nd 2019
	Signature of a member of authorized representative of a member
	Kiva R. James

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Filing Fee: \$25.00