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| (Requestor's Name) | |
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| (Address) | |
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| PICK-UP WAIT MAIL | |
| (Business Entity Name) | |
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| (Document Number) | |
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| Special Instructions to Filing Officer: | |
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SECRETARY OF STATE

D. BRUCE AUG 11 2020

COVER LETTER

Registration Section Division of Corporations

TO:

| CHRICT. | Heaven's A | sset Management LLC | | |
|--------------------|---|--|--|--|
| SUBJECT: | | Name of Lim | ited Liability Company | |
| The enclosed | l Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Please return | all correspo | ondence concerning this matter | to the following: | |
| | | Curran K. Porto, Esq. | | |
| | | · | Name of Person | , |
| | | Curran K. Porto, P.A. | | |
| | | | Firm/Company | |
| | | 410 S. Ware Blvd., 105 | | |
| | | | Address | |
| | | Tampa, FL 33619 | | |
| | | | City/State and Zip Code | |
| | | info@southernelderlaw.com | | A CO |
| | | E-mail address: (| to be used for future annual report notific | TALLAHA ZY |
| For further i | nformation c | concerning this matter, please ca | all: | AS AS |
| Curran K. P | 'orto | | 813 626-0088 at () | Telephone Number |
| | Name o | of Person | | Telephone Number |
| Enclosed is | a check for ti | he following amount: | | |
| ■ \$25,00 l | 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) |
| Re Di P.C | gistration by significant of Co. Box 632 llahassee, | Section Corporations 27 | Street Address: Registration Section Division of Corporate Centre of Ta 2415 N. Monroe Tallahassee, FL 3 | orations Ilahassee Street, Suite 810 |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Heaven's Asset Management LLC

| (Name of the Limite | d Liability Company A Florida Limited Lia | as it now appears on our i bility Company) | records.) |
|---|---|--|--|
| The Articles of Organization for this Limited Lia Florida document number <u>L15000114125</u> | ability Company w | ere filed on July 2, 2015 | 5 and assi |
| This amendment is submitted to amend the follo | wing: | | |
| A. If amending name, enter the new name of | the limited liabili | ty company here: | |
| The new name must be distinguishable and contain the we | ords "Limited Liability | Company," the designation | "LLC" or the abbreviation "L.I |
| Enter new principal offices address, if applica | able: | | |
| (Principal office address MUST BE A STREE) | T ADDRESS) | | |
| | | | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I | ROY) | | |
| AMAILING AGAINSS MAT BE A POST OF FICE I | <u>5037</u> | | |
| B. If amending the registered agent and/or reagent and/or the new registered office address | | dress on our records, | |
| Name of New Registered Agent: | Curran K. Porto, | P.A. | CUZU JUN SECRET TALLA |
| New Registered Office Address: | 2803 Safe Harbor | Dr | 29 84.55 |
| The Megisterior Control Control | | Enter Florida street | |
| | Tampa | CV. | , Florida <u>3361852 </u> |
| New Registered Agent's Signature, if changing R | legistered Agent: | City | 7 7 |
| I hereby accept the appointment as registered provisions of all statutes relative to the proper accept the obligations of my position as registering filed to merely reflect a change in the recompany has been notified in writing of this company has been notified in writing of this content. | d agent and agree er and complete po stered agent as pro registered office a | erformance of my duti ovided for in Chapter | ies, and I am familiar witt 605, F.S. Or, if this docu |

If Changing Registered Agent, Signature of New Registered Agent

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

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address | Type of. |
|--------------|--------------------------------------|------------------|---------------------------------------|
| MGR | Open Skies Homes LLC | P.O. Box 272442 | ≣ Add |
| | | Tampa, FL 33614 | □Rem |
| | | | □Char |
| AMBR | Romero Amat, Oscar | 4822 N. Hale Ave | □ Add |
| | | Tampa, FL 33614 | ■Rem |
| | 2,21,20 | | □Char |
| AMBR | FLA LEXES Escobar Palceres, Yamilet | 4822 N. Hale Ave | \ \ \ Add |
| | | Tampa, Fl. 33614 | See TACE |
| | | | LETANA PETANA PUBLISH |
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| | 1 | ne 1, 2020 | | | |
| Iffective date, if other than the fan effective date is listed, the date mu | date of filing: | . L | 31: those 100 d | _ (optional) | uminast ta 60 |
| Note: If the date inserted in this b document's effective date on the E | lock does not meet t | he applicable statu | tory filing requirement | ents, this date wil | Il not be lis |
| record specifies a delayed effective is filed. | ∕e date, but not an ef | fective time, at 12 | 01 a.m. on the earlie | er of: (b) The 9 | '0th day afi |
| June 5 | 20 | 20 | | | |
| Dated | · | · | | | |
| (/\/0.) | | | esentative of a member | | |
| | | | | | |

Filing Fee: \$25.00

Typed or printed name of signee