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PICK-UP	WAIT	MAIL
(Bu	siness Entity Name	)
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Certified Copies	_ Certificates o	f Status
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SECRETARY OF STATE

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Division of Co	orporations			
PAMELA SUBJECT:	S HEINHOLD LLC			
SUBJECT:	Name of Lim	ited Liability Company		
	of Amendment and fee(s) are sub			
Please return all corresp	oondence concerning this matter	to the following:		
	PAMELA HEINOLD			
	***************************************	Name of Person		
	PAMELA S HEINOLD L	LC		
		Firm/Company	<del> </del>	
	1010 KATYDID CT		<b>-</b>	
		Address	2015 OCT SEGRET TALLAHA	!
	PENSACOLA FL 32505			
		City/State and Zip Code	SESE SAL	
	pam@pamheinold.com  E-mail address: (	to be used for future annual report notif	ication) FS 0	C
For further information	concerning this matter, please c	•	S 59 IATE ORIDA	
PAMELA S HEINOLI	o <sup>*</sup>	850 232-2332 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 ADDRESS:

Registration Section

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

	PAMELA S HEINHOLD LLC		
(Name of the Lim	ited Liability Company as it now (A Florida Limited Liability Con	npany)	
The Articles of Organization for this Limited l	Liability Company were filed	on SEPTEMBER 23, 2015	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name	of the limited liability comp	any here:	
PAMELA S HEINOLD, LLC			
The new name must be distinguishable and contain the	words "Limited Liability Company	y," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:		
(Principal office address MUST BE A STRE	ET ADDRESS)		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE  B. If amending the registered agent and		AHASSEE,	Control of the n
registered agent and/or the new registered of	office address here:	>	D
Name of New Registered Agent:	PAMELA S HEINOLD		
New Registered Office Address:			
	En	ter 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.

RChanging Registered Agent, Signature of New Registered Agent

If ame	nding Authorized Person(	s) authorized to manage	, enter the title.	name, and	address of	each person	being added
	oved from our records:						

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	PAMELA S HEINOLD	1010 KATYDID CT	
			Remove
		PENSACOLA FL 32505	☐ Change
			☐ Remove
		<del></del>	☐ Change
			Add
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cum	ent's effec	tive date	on the De	partmen	t of State	's record	ls.						
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Typed or printed name of signee

Filing Fee: \$25.00