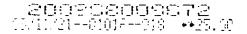
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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
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COVER LETTER

TO: Re	gistration Secti vision of Corpo	on rations	,		
		EART HOME SERVICES LL	.C		
SUBJECT:	·		d Liability Company		
		mendment and fee(s) are submitence concerning this matter to			
		DAISY RAVELO			
			Name of Person		
		A JOYFUL HEART HOME	E SERVICES LLC		
			Firm/Company	 _	
		8324 BIRD ROAD			
			Address		
		22155	City/State and Zip Code		
		MIAMI FL 33155 E-mail address: (to	o be used for future annual report notific	ation)	
For further	r information co	ncerning this matter, please ca			
DAISY R	AVELO		305 417-3050 at ()		ā <u>1</u>
	Name of	Person	Area Code Daytime	Telephone Number	77
Enclosed	is a check for th	e following amount:		24	
	0 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 enclo	
,	Mailing Addres	ν.	Street Address:		

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee. FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

A JOYFUL HEART HOME SERVICES LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

(A Florida Limite				
The Articles of Organization for this Limited Liability Compare Florida document number <u>L16000020014</u> .	ny were filed on $\frac{01/28/2}{2}$	2016	and a	ssigned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited lis	ability company here:			
The new name must be distinguishable and contain the words "Limited Lia	ability Company," the design	nation "LLC" or the ab	breviation '	L.L.C."
Enter new principal offices address, if applicable:		<u> </u>	. <u>-</u>	
(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 offic agent and/or the new registered office address here: Name of New Registered Agent:	e address on our recor	ds, <u>enter the nam</u>	e of the.n	ew registère
New Registered Office Address:	Enter Florida s	treet addr e ss	<u>^</u>	5
		, Florida	: 21	
	Сііу		Zip Cod	le
New Registered Agent's Signature, if changing Registered Ager	<u>1t:</u>			
		acity. I further ag	ree to cor	nply with the

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
PRESIDE	ROXANA MOREJON	5255 NW 202 TERRACE MIAMI FL 33055	≡ Add
			□Remove
			□Change
AMBR	ROXANA MOREJON	5255 NW 202 TERRACE MIAMI FL 33055	= Add
			□Remove
			Change
MGR	ROXANA MOREJON	5255 NW 202 TERRACE MIAMI FL 33055	□Add
			€ Remove
			€= ! Change :
			Add 5
			∷ 2 E □Remove
			□ Change
			□Ađd
			□Remove
		<u></u>	□Change
			□Add
			□Remove
			□Change

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Signatur of a member or authorized representative of a member	Dated		
Signature of a member or authorized representative of a member	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		_
	Signature of a member or authorized representation	entative of a member	

Filing Fee: \$25.00