L16000063341

| (Re | questor's Name) | |
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| | ldress) | |
| DA) | diess) | |
| | | |
| (Ad | ldress) | |
| | | |
| (Cit | ty/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nar | ne) |
| | | , |
| (Do | cument Number) | |
| (23 | , , | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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SECRETATION HAVE

COVER LETTER

| TO: Registration Division of C | Section orporations | | | |
|--------------------------------|---|---|--------------------|---|
| 7330 Hea | arthstone LLC | | | |
| SUBJECT: | Name of Lim | ited Liability Company | <u> </u> | |
| The enclosed Articles | of Amendment and fee(s) are sub | mitted for filing. | | |
| Please return all corres | pondence concerning this matter | to the following: | | |
| | Alexis Abdalla-Gonzalez | | | |
| | 140 | Name of Person | | |
| | 7730 Hearthstone LLC | | | |
| | | Firm/Company | | |
| | 7330 Hearth Stone Ave. | | | 7. S |
| | | Address | | j - ⊖ |
| | Boynton Beach FL 33472 | | | FILED APR -6 PH EFF 3 APR AINSME, PL |
| | | City/State and Zip Code | | |
| | labdalla@comcast.net | | | |
| For further information | E-mail address: (a concerning this matter, please c | to be used for future annual report notif | ication) | 4: 07 |
| | | a11. | | - |
| Alexis Abdalla-Gonza | lez | 570 498-4855 at () | | |
| Name | e of Person | Area Code Daytime | e 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) | Certified (| e of Status & |

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

| (Name of the Limited Liability Company a (A Florida Limited Liab | is it now appears on our records.) ility Company) |
|---|--|
| The Articles of Organization for this Limited Liability Company were Florida document number L16000063341 | ere filed on March 29,2016 and assigned |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited liability | y company here: |
| The new name must be distinguishable and contain the words "Limited Liability Contains the words" "Limited Liability Contains the words "Liability Contains the words | Company," the designation "L.L.C" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | 78 3 |
| (Principal office address MUST BE A STREET ADDRESS) | <u> </u> |
| | <u> </u> |
| | م الم |
| Enter new mailing address, if applicable: | |
| (Mailing address MAY BE A POST OFFICE BOX) | \$8 f |
| | |
| B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here: | e address on our records, enter the name of the ne |
| Name of New Registered Agent: | |
| New Registered Office Address: | |
| | Enter 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.

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 |
|--------------|-----------------|--|----------------|
| AMBR | Suzanne Abdalla | 7330 Hearth Stone Ave. Boynton B | ■ Add |
| | | | □ Remove |
| | | ···· | ☐ Change |
| | | ··· | □ Add |
| | | | □ Remove |
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| ective date, if other than the date of filing: n effective date is listed, the date must be specific and cannot be prior to date of fili | | 5 020° |
| te: If the date inserted in this block does not meet the applicable statutor cument's effective date on the Department of State's records. | | |
| · | | |
| record specifies a delayed effective date, but not an effective 90th day after the record is filed. | ctive time, at 12:01 a.m. on the earli | er o |
| ted | | |
| Signature of a member or authorized representation | | |

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00