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(Re	equestor's Name)	
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SECRETARY OF STATE ORATION OF COLFORATION

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COVER LETTER

TO:	Registration Se Division of Cor					
01715115		E ALLIANCE LLC				
SUBJE	.C1;	Name of Lim	ited Liability Company			
The end	closed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please i	return all correspo	ondence concerning this matter	to the following:			
		Raymond Jones				
			Name of Person	· · · · · · · · · · · · · · · · · · ·		
		HERITAGE ALLIANCE	LLC			
	Firm/Company 1936 Bruce B Downs Blvd					
		***	Address			
		Wesley Chapel Fl 33544				
			City/State and Zip Code			
		drray7290@yahoo.com			.	COLUMN TO SERVICE
		E-mail address: (to be used for future annual report notif	ication)	35. 2.5 72)	3. T
For furt	ther information o	concerning this matter, please co	all:		19 ⁶ M5R 2°	77.7
Raymo	ond Jones		813 525.1171 at()			100 C
	Name o	of Person		Telephone Number	28H: 17	STATE
Enclose	ed is a check for t	he following amount:				
■ \$25	5.00 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 Sta Certified Copy (additional copy is e	atus &	

MAILING ADDRESS:

TO:

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 Taflahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HERITAGE ALLIANCE LLC	
(Name of the Limited Liability Company as it now appears on (A Florida Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liability Company were filed on Florida document number $\frac{L16000108393}{L16000108393}$.	06/03/2016 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
he new name must be distinguishable and contain the words "Limited Liability Company," the design	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	<u></u>
	19 000
	選 (2次 第 第四 20 つご
Enter new mailing address, if applicable:	2
Mailing address MAY BE A POST OFFICE BOX)	
	= 92
B. If amending the registered agent and/or registered office address on ou	r records, enter the name of the n
registered agent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	

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.

Cuy

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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
MGR	Raymond Jones	1936 BruceBDownsWesleyChapel	Add
			Remove
			☐ Change
			Add
			Remove
			Change
			Add
			Remove
			☐ Change
			
			□ Remove
			Change
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an effe l <mark>ote:</mark>	effive date is listed If the date insert	, the date must be s	specific and cannot does not meet the	ot be prior to date he applicable st	of filing or more tha	n 90 days after filing.) irements, this date v	
The S	90th day afte	er the record	is filed.			at 12:01 a.m. c	on the earlier o
ated _		on la	· _			ember	<u></u>
		\ () \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	ature of a member	er or authorized r	enresentative of a m	ember	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00