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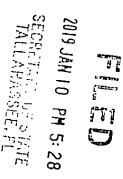
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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R. WHIE

COVER LETTER

SUBJECT:	HAVE YOU HEARD	LLC			
Name of Limited Liability Company					
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.			
Please return all corresp	oondence concerning this matter	to the following:			
	Tracey Kinker Gebert				
		Name of Person			
	Have You Heard, LLC				
		Firm/Company			
	7594 Old Thyme Court				
	Address				
	Parkland, FL 33076				
	tracey@haveuheard.com	City/State and Zip Code			
	E-mail address; (to be used for future annual report notif	ication)		
For further information	concerning this matter, please ca	all:			
Tracey Kinker Gebert		954 292-6078 at ()			
Name	of Person		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 Division of Corporations

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 Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

FILED 2019 JAN 10 PM 5: 28

HAVE YOU HEARD LLC

ARD LLC

SECRE OF STATE

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

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liabili	ty Company were filed on June 30, 2016	and assigned
Florida document number L16000125295	·	
This amendment is submitted to amend the following	ā:	
A. If amending name, enter the new name of the	limited liability company here:	
Have U Heard LLC		
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	:	
(Principal office address MUST BE A STREET AL		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>	
B. If amending the registered agent and/or registered agent and/or the new registered office: Name of New Registered Agent:	C.	
New Registered Office Address:		
	Enter Florida street address	
<u></u>	, Flo	rida Zip Code
		Zip Code
New Registered Agent's Signature, if changing Regis	stered Agent:	
I hereby accept the appointment as registered ag provisions of all statutes relative to the proper ar accept the obligations of my position as registere being filed to merely reflect a change in the regis company has been notified in writing of this char	nd complete performance of my duties, and ed agent as provided for in Chapter 605, F stered office address, I hereby confirm tha	d I am familiar with and F.S. Or, if this document is
	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	
			Add	
			Remove	
			Change	
		 	☐ Remove	
			Change	
			Add	
			Remove	
			Change	
			☐ Remove	
		<u> </u>	Change	
			Remove	
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Note: If	the date inserted in this blo-	date of filing: be specific and cannot be prior ck does not meet the applica partment of State's records.	able statutory filing requir	(optional) 90 days after filing.) Pursuant to elements, this date will not be l	605.0207 (3) listed as the
	rd specifies a delayed Oth day after the reco		t an effective time, a	et 12:01 a.m. on the ea	rlier of:
Dated	January 7	. 2019	<u> </u>		
	Jeany K	Signature of a member or author	prized representative of a me	inher	
	Tracey Kinker Gebert	J			
	<u> </u>	Typed or printe	ed name of signee		

Page 3 of 3

Filing Fee: \$25.00