## L1700084551

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SECRETARY OF STATE
AND LANGESSEE, FLORIDA

D. SCOTT MAY 2 6 2017

## **COVER LETTER**

	vision of Corpo			
SUBJECT:	Heart Madnes	s LLC		
		Name of Lim	ited Liability Company	
The encloses	d Articles of An	nendment and fee(s) are sub-	mitted for filing	
		ence concerning this matter		
11000010101	an our opposit		and to the state of the state o	
		Deleasha Balentine		
			Name of Person	<u>.</u>
		Heart Madness LLC		
			Firm/Company	
		1828 Biscayne Bay Circle		
			Address	
		Jacksonville/Florida/32218	3	
			City/State and Zip Code	<del></del>
		info@heartmadness.com	to be used for future annual report notifi	cation)
For further i	nformation con	cerning this matter, please ca		SECTION
Deleasha Ba	alentine		313 9705282 at ( )	10000000000000000000000000000000000000
	Name of Po	erson		Telephone Number SEE PA
Enclosed is	a check for the	following amount:		ORDER 5
\$25.00 1	Filing Fee  T	□ \$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)
f and a second s	Registrati Division	G ADDRESS: on Section of Corporations 6327 ee, FL 32314	STREET/COURING Registration Section Division of Corpora Clifton Building 2661 Executive Cer Tallahassee, FL 323	n ations ater Circle

JH

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Heart Madness LLC

(Name of the Limited (A	Liability Company as it now appears on or Florida Limited Liability Company)	r records.)
The Articles of Organization for this Limited Liab Florida document number $\frac{L17000084551}{L17000084551}$	lity Company were filed on 04/17/20	and assigned
This amendment is submitted to amend the follow	ng:	
A. If amending name, enter the new name of the	e limited liability company here:	
The new name must be distinguishable and contain the word	s "Limited Liability Company," the designat	ion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	e:	
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BO	· · · · · · · · · · · · · · · · · · ·	
B. If amending the registered agent and/or	registered office address on our	records enter the name of the new
registered agent and/or the new registered offic		TALLES E H
Name of New Registered Agent:		=======================================
New Registered Office Address:	Enter Florida str	et address
		Florida S
	City	Zip Code 1
New Registered Agent's Signature, if changing Reg	istered Agent:	
I hereby accept the appointment as registered a provisions of all statutes relative to the proper a accept the obligations of my position as registe being filed to merely reflect a change in the reg company has been notified in writing of this cha	and complete performance of my di red agent as provided for in Chapto istered office address, I hereby com	ities, and I am familiar with and er 605, 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>	Name	Address	Type of Action
CEO	Deleasha S. Balentine	1828 Biscayne Bay Circle	Add
		Jacksonville FL 32218	□ Remove
		United States	<b>☑</b> Change
		<del></del>	☐ Add
			Remove
			Change
			□ Add
	•		Remove
	•		Change
			Remove ALCR Charge T
			ASSEE Add
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			7
			Change
	·		□ Remove
•		·	☐ Change

	·	
Effective date, if other than the date of filing:  (If an effective date, if other than the date of filing:  (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuanted 60548  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will nogen listed document's effective date on the Department of State's records.  If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier b) The 90th day after the record is filed.  Dated  Dated  Dated  DateM.  DateM		
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ect		J.
n eff	ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207	(3)(b the
cum	ent's effective date on the Department of State's records.	••••
		:
	05/17/2017	
tea		
	Lellers & Jalonh	
	Signature of a member or authorized representative of a member	

Page 3 of 3

Filing Fee: \$25.00