## 117000097341

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SCUNCTARY OF STATES
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DIVISION OF CORPORATIONS

ы фафрев Jun 1<u>4 2018</u>

## **COVER LETTER**

TO:	Registration S Division of Co		·	
SUBJEC		IEARTSFIELD LABOR COM	PANY LLC	
SUBJE	-I. <u> </u>	Name of Lin	nited Liability Company	
The enci	osed Articles o	f Amendment and fee(s) are sul	bmitted for filing.	
Please re	etum all corresp	ondence concerning this matter	r to the following:	
		Darrell B. Heartsfield		
		<del> </del>	Name of Person	
			PANY LLC  nited Liability Company  pomitted for filing.  r to the following:  Name of Person  Firm/Company  Address  City/State and Zip Code  to be used for future annual report notification)	
		21080 Osprey Circle		
			Address	
		Perry, FL 32348		
			City/State and Zip Code	
		dbheartsfield@gmail.com	to be used for future annual mount patif	(restion)
For furthe	er information o	oncerning this matter, please c	•	ication)
Darrell (I	Bruce) Heartsfie	eid	nt ( )	
	Name o	of Person	Area Code Daytime	: Telephone Number
Enclosed	is a check for the	he following amount:		
<b>■ \$2</b> 5.0	0 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy

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

BRUCE HEARTSFIELD LABOR COMPANY LLC

(Name of the Limited Liah) (A Flori	Ility Company as it now appears on our records.) da Limited Liability Company)	<del> =</del>	
The Articles of Organization for this Limited Liability Florida document number L17000097341	Company were filed on May 2, 2017	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	nited liability company here:		
The new name must be distinguishable and contain the words "Lie	mited Liability Company," the designation "LLC" or the abbrevi	ation "L.L C."	-
Enter new principal offices address, if applicable:			_
(Principal office address MUST BE A STREET ADD	RESS)		_
			2
		. 8	200
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)		<u></u>	777- 787-
		70	7887 7535 7. 54
		<del>-</del>	<u> </u>
B. If amending the registered agent and/or regi registered agent and/or the new registered office add	istered office address on our records, <u>enter the</u> dress here:	name of the	πew ≍
Manuschie B. S. La			
Name of New Registered Agent:			-
New Registered Office Address:			_
	Enter Florida street address		_
	, Florida		_
	City Z	ip 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>	Name	Address	Type of Action
AMBR	HUNTER B. HEARTSFIELD	21080 OSPREY CIRCLE	
		PERRY, FL 32348	■ Remove
			Change
AMBR	CARLTON W. HULL	6017 BEACH RD	
		PERRY, FL 32348	<b>■</b> Remove
			Change
			☐ Remove
			☐ Change
			□ Remove
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			Add
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Nective date, if other than the date of fi	ling:	·	(optional)	
an effective date is listed, the date must be specific ote: If the date inserted in this block does not	ot meet the applicable	statutory filing requiren	days after filing.) Pursua nents, this date will not	it to 605.020' be listed a:
ocument's effective date on the Department of	of State's records.	•		
e record specifies a delayed effective. The 90th day after the record is file	ed.			earlier o
Oard B Signature o	2018			
ated	<del>_'</del> ·			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00