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(Requestor's Name)	
(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	
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COVER LETTER

TO:	Registration Se Division of Cor				
SUBJE	ECT:	Evripathy 1	hearts LLC	,	
		Name of Lin	nited Liability Company		
The en	closed Articles of a	Amendment and fee(s) are sub	omitted for filing.		
Please	return all correspo	ndence concerning this matter	to the following:		
			Khadije (Calder	
			Empathy /	Hearts LLC	
		1,2659 (Juilford Circ	le	
		wellingto	r JU 33414 City/State and Zip Code	<u> </u>	
			aderl Empo to be used for future andual i	chigh carts Q (jahoo-cor
For furt		ncerning this matter, please c			
	Name of	vne Calder Person	at (631) Area Code	1415 3507 Daytime Telephone Nur	nber
Enclose	d is a check for the	e following amount:			
□ \$ 25	.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is encl	Certi	Filing Fee, ficate of Status & fied Copy onal copy is enclosed)
	Registra Division P.O. Bo:	NG ADDRESS: tion Section of Corporations x 6327 see, FL 32314	Registrati Division o Clifton Bu 2661 Exec	COURIER ADDRESS on Section of Corporations uilding cutive Center Circle ee, FL 32301	5:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Com	pany at it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Compan Florida document number <u>LISOOOGSGS6</u> .	y were filed on <u>Cypril 19 , Juls</u> and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	ability company here:
The new name must be distinguishable and contain the words "Limited Lia" Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	12659 Gullford Circle Wellinghton JC 33414
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	12659 Gulford Circle Welling Lyon Jl 33414
registered agent and/or the new registered office address he	office address on our records, enter the name of the new ere: Leve Calob Guiford a street address Florida 37
New Registered Agent's Signature, if changing Registered Agen	·

If Changing Registered Agent, Signature of New 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.

MGR = Manager AMBR = Authorized Member						
<u> Fitle</u>	<u>Name</u>	Address	Type of Action			
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	•		□ Change			
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t ect iv an effo	re date, if other than the date of filing: (optional) ctive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Purs	uant to	605.020
<u>ote:</u> I	f the date inserted in this block does not meet the applicable statutory filing requirements, this date will i	not be	listed a
X una	nt's effective date on the Department of State's records.		
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the	ho 00	elioe e
reco	90th day after the record is filed.	ne ea	mer
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Filing Fee: \$25.00