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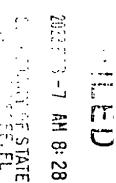
(Requestor's Name)				
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TO: Registration Section Division of Corporations
SUBJECT: Meart and Soul Goals LUC Name of Limited Liability Company
Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Nagiva Dodson Smith
Heart and Soul Goals LLC Firm/Company
378 Luten road Address
Quincy FL 32352
City/State and Zip Code nagiya. Cod Son Egmail Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Naajiya Dodson Simirth at (850) 800 - 6199 Name of Person Area Code Daytime Telephone Number
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \Bigcup \$55.00 Filing Fee & \Bigcup \$60.00 Filing Fee. Certificate of Status \$\text{Certified Copy}\$ Certificate of Status (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section Street Address: Registration Section
Division of Corporations Division of Corporations

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF ORGANIZATION **OF**

MED

Heart and Dou		2003 F G - 7 AM 8: 2
(Name of the Limit	ed Liability Company as it now appea (A Florida Limited Liability Company)	rs on our records.)
The Articles of Organization for this Limited L Florida document number L12000150	iability Company were filed on	U 2W 18 and assigned
This amendment is submitted to amend the following	owing:	
A. If amending name, enter the new name of Najica Inspires The new name must be distinguishable and contain the w		
		designation (1.1.2. of the appreviation (1.1.2.
Enter new principal offices address, if applic	able:	
(Principal office address MUST BE A STREE	TADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>	
B. If amending the registered agent and/or ragent and/or the new registered office addre	11.7	records, enter the name of the new regi
Name of New Registered Agent:		
New Registered Office Address:	E E	orida street address
	EART FR	
	City	, Florida Zip Code
	ϵm_c	гур с оас

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 wis provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with ana accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document 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.

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Act
			□Add
			□ Remove
			□ Change
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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	(optional)
Note: If the date inserted in this block does not meet the applicable stat	utory filing requirements, this date will not be liste
document's effective date on the Department of State's records.	
e record specifies a delayed effective date, but not an effective time, at 1.	2:01 a.m. on the earlier of: (b) The 90th day after
rd is filed.	
Dated $\frac{2}{7}$ $\frac{23}{23}$	
Margaret HA	
/ // Signature of a member or authorized rep	presentative of a member
Nacijula Dockon Typed or printed name o	Smith
Typed or printed name of	of signee

Filing Fee: \$25.00