118000224909

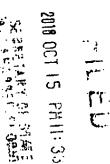
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M. MILLIGAN OCT 20 2018

COVER LETTER

Division (of Corporations	·	
SUBJECT:	WORKING FO	POM THE HEART	<u>uc</u>
	Name of Cum	led Clabinty Company	
The enclosed Artic	les of Amendment and fee(s) are subn	nitted for filing.	
Please return all co	rrespondence concerning this matter to	o the following:	
	J. MICH	ELE VILLAREA Name of Person	LE_
	WORKING FR	OM THE HEART Firm/Company	UC_
	11801 Cla	NT Place Address	
	Clermont	FL 34711 City/State and Zip Code Flate a Comcas be used for future annual report notificati	
	michele Villa E-mail address: (to	reale a Comcas	t.net
For further informa	ation concerning this matter, please cal	II:	
J. Miche	le Villareale Name of Person	at (S61) 386 - Area Code Daytime Tel	2672 ephone Number
_	c for the following amount:		
☑ \$25.00 Filing I	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)
F 1 F	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Callahassee, FL 32314	STREET/COURIER Registration Section Division of Corporation Clifton Building 2661 Executive Center	ns

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company were filed on Florida document number 118000224909. This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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 office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address , Florida _ City

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	J. Michele Villare	ale 11801 Clar Place Clermont, FL 34711	ND Add AHBR
			Remove
	,		Change
AR	J. MicheleVillare	ale 11801 Clair Place Clermont, FL 3471	□ Add
			Remove AR
		Change AR to AMBR	☑ Change
			🗆 Add
			□ Remove
			Change
			O Add
			Remove
			☐ Change
			Add
			C Remove
			Change
			□ Add
			□ Remove
			□ Change

nmending any other information, enter change(s) here: (Attach additional sheets, if necessar)	v.)	
		
	 	
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fective date, if other than the date of filing:) Pursuant to 605 will not be liste	5.0207 ed as
cument's effective date on the Department of State's records.		
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Filing Fee: \$25.00