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| (Do | cument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to f | Filing Officer: | |
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Office Use Only



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03/26/24--01015--002 **30.00



COVER LETTER

| TO: Registration Section Division of Corporations |
|--|
| SUBJECT: WORKING FROM THE HEART, LLC 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: |
| J. MICHELE VILLAREALT |
| WORZKING FROM THE HEART, LLC Firm/Company |
| 11801 Clair Place |
| Clermont, FL 34711 |
| Clermont, FL 34711 City/State and Zip Code michelevillareale (a), Comcast. net E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| I. Michele V. Margale at (56) 386-3672 Name of Person Area Code Daytime Telephone Number |
| Enclosed is a check for the following amount: |
| □ \$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| WORKING FROM THE | HEART LLC | rs. |
|--|--|-----------------------|
| (Name of the Limited Liability Compar (A Florida Limited L | ny as it now appears on our records.) iability Company) | 24 11/18 2 |
| The Articles of Organization for this Limited Liability Company of Florida document number <u>L18 00 022 49</u> 09 | were filed on 9/21/2018 | and essigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liabil. THE BRIDGE ACROS The new name must be distinguishable and contain the words "Limited Liability Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) | SS, LLC | eviation "L.L.C." |
| The party of the control of the cont | | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | | |
| B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: | ddress on our records, <u>enter the name</u> | of the new registered |
| Name of New Registered Agent: | ···· | |
| New Registered Office Address: | Enter Florida street address | |
| | Florida | Zin Code |
| | City | гар соов |

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> | <u>Name</u> | Address | Type of Action |
|--------------|-------------|--------------|----------------|
| | | | □ Add |
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| | nending any other information, enter change(s) here: (Attach additional sheets, if necessary.) |
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| | Add to Scope of ARTICLE III |
| Æ | To create written works and video |
| · | Presentations, across various Subjects of interest, for the general public. |
| | of interest, for the general public. |
| | |
| 0 | Consulting Services for - and the |
| | creation of - policies, procedures, |
| | documents forms, etc. for |
| | businesses / organizations/groups, |
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| | ctive date, if other than the date of filing: |
| fan Note | e: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ument's effective date on the Department of State's records. |
| fan- <u>Note</u> docu | e: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as |
| If an - Note docu e rec rd is | e: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ument's effective date on the Department of State's records. For example, the date will not be listed as ument's effective date on the Department of State's records. For example, this date will not be listed as ument's effective date on the Department of State's records. |
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Filing Fee: \$25.00