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COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT: Angels C	Of Karing Hearts LLC Con- Name of Lin	ngels OF Karing House Liability Company	EANTONUS Registry LL
The market of Amilia	. 6 5	tem I C (file	
The enclosed Articles	or Amendment and rec(s) are sur	minica for thing.	
Please return all corres	Name of Limited Liability Company and Articles of Amendment and fee(s) are submitted for filing. In all correspondence concerning this matter to the following: Suzanne Darville Name of Person Firm/Company 2506 Acom Street Unit B Address Fort Pierce FL 34947 City/State and Zip Code angelsofthearts62@gmail.com E-mail address: (to be used for future annual report notification) information concerning this matter, please call: art (1772 882-0233 Name of Person Area Code) Daytime Telephone Number		
	Suzanne Darville		
		Name of Person	
	Suzamne Darville Name of Person		
	2506 Acom Street Unit B		
	Fort Pierce FL 34947		
	City/State and Zip Code angelsothearts62@gmail.com		
			ication)
For further information			
Suzanne Darville	_	772 882-0233	
Nam	e of Person	Area Code Daytime	Telephone Number
Enclosed is a check fo	r the following amount:		
□ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
Registratio Division of P.O. Box 6	n Section Corporations 327	Registration Sec Division of Corp The Centre of Ta	porations allahassee

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Mame of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

	were filed on 10 04 2018 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	nent number L18000235647 L18000235647 L18000235647 L18000235647 LIROUND STATEST ADDRESS LIROUPTER A STREET ADDRESS LIRING address, if applicable: LIRING address, if applicable: LIRING address, if applicable: LIRING B Fort Pierce LIRING B FORT PIERCE PIERCE LIRING B FORT PIER
Angels Of Karing Hearts LLC	submitted to amend the following: ame, enter the new name of the limited liability company here: earts LLC distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." pal offices address, if applicable: 2506 Acorn Street
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Frincipal office address MOST BE A STREET ADDRESS)	Fort Pierce (21 34947
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	<u>:</u>

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
			□Remove
			□Change
			□Add
			□Remove
			Change
			□ Add
			□Remove
			Change
			□Add
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			□Remove
			□Change

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Leu Dozallo		
Leu Dozallo	Dated	uly 23rd 2023
Signature of a member or authorized representative of a member		2 - 0 0 a

Filing Fee: \$25.00