L18000259958

(Requ	uestor's Name)	.
(Addi	ess)	
(Addr	ess)	
(City/	State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Na	me)
(Doct	ıment Number))
Certified Copies	Certificate	s of Status
Special Instructions to Fi	ling Officer:	





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COVER LETTER

TO:	Registration Se Division of Cor		*	÷	
cunt		DE FROM THE HEART, LLC			
SUBJE	C1;	Name of Lim	ited Liability Company		
The end	closed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please r	return all correspo	ndence concerning this matter	to the following:		
		EMILY HALL			
			Name of Person		
			Firm/Company		
		2342 PEACH FARM RD			
			Address		
		LILLINGTON, NC 27546			
		City/State and Zip Code			
		EMILYHALL318@GMAII			
		E-mail address: (to be used for future annual report notif	ication)	
For furt	her information c	oncerning this matter, please co	all:		
EMILY	HALI.		954 993-3642 at ()		
	Name o	f Person	Area Code Daytime	Telephone Number	
Enclose	d is a check for th	ne following amount:			
□ \$ 25	5,00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy	

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

HANDMADE FROM THE HEART, LLO			
(Name of the Limited Lia (A Flo	bility Company orida Limited Lia	y as it now appears on our records.) ability Company)	
he Articles of Organization for this Limited Liabilit	ty Company w	vere filed on 11/06/2018	and assigned
lorida document number L18000259958	·		
his amendment is submitted to amend the following	3 :		
. If amending name, enter the new name of the	limited liabil	ity company here:	
IANDMADE FROM THE HALLS, LLC			
he new name must be distinguishable and contain the words	Limited Liabilit	y Company," the designation "LLC" or the a	ibbreviation "L.L.C."
Enter new principal offices address, if applicable:	:	6921 NW 46 Ct	
Principal office address MUST BE A STREET AL		Lauderhill, FL 33319	
			· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable:		2342 PEACH FARM RD	
(Mailing address MAY BE A POST OFFICE BOX)	2	LILLINGTON, NC 27546	
B. If amending the registered agent and/or regist agent and/or the new registered office address he	tered office a ere:	ddress on our records, enter the na	me of the new regis
Name of New Registered Agent:	NO CHANGE		: پر
			1 PM
New Registered Office Address:		Enter Florida street address	₽ 430
_		, Florida _	= 2:1
_		City	Zip Code

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 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
		* NO CHANGE	□ ∧dd
			□ Remove
			□ Change
			□ Remove
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ective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 to: If the date inserted in this block does not meet the applicable statutory filing requires ument's effective date on the Department of State's records.	(optional) 0 days after filing.) Pur ments, this date will	suant to 605 not be liste	i.020 ed a
cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the ear s filed.	rlier of: (b) The 90	th day after	r the
ed JUNE 30 , 2023 .			
,			

Filing Fee: \$25.00