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TO:

	Registration Sec Division of Cor		۰			
ello irz	THREE HE	EARTS AND ONE LOVE NU	RSING, LLC			
SUBJEC	-l: <u>-</u>	Name of Lim	ited Liability Company			
The encl	osed Articles of a	Amendment and fee(s) are sub	mitted for filing.			
Please re	turn all correspo	ndence concerning this matter	to the following:			
		MAYELIN GOMEZ				
		***	Name of Person			
THREE HEARTS AND ONE LOVE NURSING, LLC						
			Firm/Company			
330 W 48 ST						
Address						
		HIALEAH, FL 33012	Address			
		· · · · · · · · · · · · · · · · · · ·	City/State and Zip Code			
		mayed n E-mai Middress: (p@iCloud_com to be used for future annual report noti	fication)		
For furth	er information co	oncerning this matter, please c	all:		古	
MAYEI	JN GOMEZ		at () 458-3438 Area Code Daytim) 	
	Name of	f Person	Area Code Daytim	e Telephone Number		
Enclosed	l is a check for th	ne following amount:			12: [
물 \$ 2.5.	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Certificate o Certified Co (additional copy	f Status & py	
	Registra	ING ADDRESS: ation Section n of Corporations	STREET/COURI Registration Section Division of Corpor	on		

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

TO ARTICLES OF ORGANIZATION OF

THREE HEARTS AND ONE LOVE NURSING, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{04/15/2019}{1}$ and assign Florida document number L19000102579 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 t registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address 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 y provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with a accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this docume. 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

or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of A
MGR	KATHERINE GOMEZ	330 W48 ST	□ Add
		HIALEAH, FL 33012	□ Add
		111/135/11, 115 55/15	Remov
	•		□ Change
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Effective date, if other than the fan effective date is listed, the date mu Note: If the date inserted in this b document's effective date on the E	lock does not meet the applic	able statutory filing requ	(optional) in 90 days after filing.) Pursuant to 605 irements, this date will not be liste
e record specifies a delaye The 90th day after the rec		ot an effective time,	at 12:01 a.m. on the earlie
Dated MAY 15	2019	·	
r Mayeli	in Joynal Signaufre of a member or author	orized representative of a m	iember
MAYELIN GOMEZ			
	Typed or print	ed name of signee	

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Filing Fee: \$25.00