L19000128347

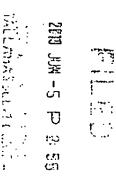
(Re	equestor's Name)	
(Ac	ldress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phone	⊋ #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Dx	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

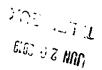
Office Use Only



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COVER LETTER

TO:	Registration Se Division of Cor			
SUBJE	HEARTLES	SS LLC		
SUBJE		Name of Lim	nited Liability Company	
The end	closed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		TERRICA WALLACE		
			Name of Person	
		HEARTLESS LLC		
			Firm/Company	
		3928 VICTORIA LAKES	DRIVE SOUTH	
			Address	
		JACKSONVILLE/FLORI	DA 32226	
		HEARTLESSBRANDOFF	City/State and Zip Code ICIAL@GMAIL.COM	
		E-mail address: (to be used for future annual report notifi	cation)
For furt	her information co	oncerning this matter, please co	all:	
TERRI	CA WALLACE		904 552-5498 at ()	
	Name of	Person		Telephone Number
Enclose	d is a check for th	e following amount:		
\$25	.00 Filing 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)

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HEARTLESS LLC

2019年5月255

(A Florida	Limited Liability Compa	pears on our rec	<u>cords.</u>) . ,
			- ALLAMAGOLES RELIGIONS
The Articles of Organization for this Limited Liability Co	ompany were filed or	MAY 13TH, 2	2019 and assigned
Florida document number L19000128347			
			•
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limi	ted liability compan	y here:	
The new name must be distinguishable and contain the words "Limi	ted Liability Company,"	the designation "I	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDR	 ESS)	•	-
	-		
Enton nove mailing address if and the Li			
Enter new mailing address, if applicable:	 -	_ _	
(Mailing address MAY BE A POST OFFICE BOX)			<u> </u>
B. If amending the registered agent and/or regist	ered office address	on our reco	ords, enter the name of the
registered agent and/or the new registered office addr	ess here:		
Name of New Registered Agent:			
New Registered Office Address:			
Hew Registered Office Address.	Enter Florida street address		dress
			Florido
	City	<u> </u>	Florida Zip Code
New Registered Agent's Signature, if changing Registered	Agent:		•
· · · · · · · · · · · · · · · · · · ·			
hereby accept the appointment as registered agent a	ind agree to act in th	us capacity. I	further agree to comply with
provisions of all statutes relative to the proper and co accept the obligations of my position as registered ag	mpiele perjormance ent as provided for l	i oj my auties, in Chanter 60	, and I am familiar with and ISES Or if this document is
being filed to merely reflect a change in the registered	t office address. I he	n Chapter oo erebv confirm	is, r.s. Or, ij inis aocumeni is that the limited liahility
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
AMBR	BRANDI K JONES	3928 VICTORIA LAKES DRIVE	
		S	Add
		JACKSONVILLE, FLORIDA 32226	■ Remove
			Change
AMBR	BARRY K JONES	3928 VICTORIA LAKES DRIVE S	
	-	JACKSONVILLE, FLORIDA 32226	
			■ Remove
	CELESTINE MANNS	2000 VICTORIA LAVES DRIVE	Change
AP	CIARLO FINE IMANIAS	3928 VICTORIA LAKES DRIVE S	
		JACKSONVILLE, FLORIDA 32226	■ Remove
MGR	DIA NOCHE	3928 VICTORIA LAKES DRIVE	Change
		<u>S</u>	Add
		JACKSONVILLE, FLORIDA 32226	■ Remove
			Change
			Remove
			Change
			
			Remove
			Change

EMP	PLOYMENT IDENTIFICATION NUMBER: 84-1887925	
(SS-	4 ATTACHED)	
_		
-		
		
_		
. Effective o	05/11/2019 date, if other than the date of filing:	(ontional)
140te: 11 to	date, if other than the date of filing: e date is listed, the date must be specific and cannot be prior to date of filing or more than 90 to date inserted in this block does not meet the applicable statutory filing requirems effective date on the Department of State's records.	days after filing.) Pursuant to 605.0207 (3)(benents, this date will not be listed as the
the record) The 90	I specifies a delayed effective date, but not an effective time, at the day after the record is filed.	12:01 a.m. on the earlier of:
Dated MA	Y 31st 2019	
	-1 -1/0·0	
	Signature of a prember or authorized representative of a member	er

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00

Date of this notice: 05-28-2019

Employer Identification Number:

84-1887925

Form: SS-4

Number of this notice: CP 575 G

HEARTLESS LLC TERRICA D WALLACE SOLE MBR 3928 VICTORIA LAKES DR S JACKSONVILLE, FL 32226

For assistance you may call us at: 1-800-829-4933

IF YOU WRITE, ATTACH THE STUB AT THE END OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 84-1887925. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear off stub and return it to us.

A limited liability company (LLC) may file Form 8832, Entity Classification Election, and elect to be classified as an association taxable as a corporation. If the LLC is eligible to be treated as a corporation that meets certain tests and it will be electing S corporation status, it must timely file Form 2553, Election by a Small Business Corporation. The LLC will be treated as a corporation as of the effective date of the S corporation election and does not need to file Form 8832.

To obtain tax forms and publications, including those referenced in this notice, visit our Web site at www.irs.gov. If you do not have access to the Internet, call 1-800-829-3676 (TTY/TDD 1-800-829-4059) or visit your local IRS office.

IMPORTANT REMINDERS:

- * Keep a copy of this notice in your permanent records. This notice is issued only one time and the IRS will not be able to generate a duplicate copy for you. You may give a copy of this document to anyone asking for proof of your EIN.
- * Use this EIN and your name exactly as they appear at the top of this notice on all your federal tax forms.
- * Refer to this EIN on your tax-related correspondence and documents.

If you have questions about your EIN, you can call us at the phone number or write to us at the address shown at the top of this notice. If you write, please tear off the stub at the bottom of this notice and send it along with your letter. If you do not need to write us, do not complete and return the stub.

Your name control associated with this EIN is HEAR. You will need to provide this information, along with your EIN, if you file your returns electronically.

Thank you for your cooperation.

. .

(IRS USE ONLY) 575G 05-28-2019 HEAR O 9999999999 SS-4

Keep this part for your records. CP 575 G (Rev. 7-2007)

Return this part with any correspondence so we may identify your account. Please correct any errors in your name or address.

CP 575 G

9999999999

Your Telephone Number Best Time to Call DATE OF THIS NOTICE: 05-28-2019

EMPLOYER IDENTIFICATION NUMBER: 84-1887925
FORM: SS-4 NOBOD

INTERNAL REVENUE SERVICE CINCINNATI OH 45999-0023 Ideddddddddddddlallaadlaaddadddddd

HEARTLESS LLC TERRICA D WALLACE SOLE MBR 3928 VICTORIA LAKES DR S JACKSONVILLE, FL 32226