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SECRETARY OF STATE

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## **COVER LETTER**

TO:

Registration Section
Division of Corporations

	leart and Soul, LLC		
SUBJECT:	Name of Line	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Athena Bloomfield		
		Name of Person	
	Athena's Heart and Soul, I	LC, d/b/a The Legal Works	
		Firm/Company	
	4931 Allen Road		
	<del></del>	Address	·
	Zephyrhills, FL 33541		
		City/State and Zip Code	
	Thelegalworks@yahoo.con		
	E-mail address: (	to be used for future annual report not	tification)
For further information	concerning this matter, please c	all:	
Athena Bloomfield		813 409-4799	
Name	of Person		me Telephone Number
Enclosed is a check for	the 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 Addre Registration Division of O P.O. Box 63	Section Corporations	Street Address: Registration Se Division of Co The Centre of	prporations
Tallahassee,			oe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Athena's Heart and Soul, ELC			
(Name of the Limite	d Liability Company as it now appears on our re A Florida Limited Liability Company)	ecords.)	
The Articles of Organization for this Limited Lia Florida document number £19000305004	ability Company were filed on 12/16/2019		and assign
	·		
This amendment is submitted to amend the follo	wing:		
A. If amending name, enter the new name of	the limited liability company here:		
The new name most be distinguishable and contain the we	ords "Limited Liability Company," the designation	"LLC" or the abbrev	viation "L.L.C
Enter new principal offices address, if applica	able:	<u> </u>	2020 J
(Principal office address MUST BE A STREE)	T ADDRESS)		ביים ביים ביים ביים ביים ביים ביים ביים
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		SOCI SOCI THE	AM [
Enter new mailing address, if applicable:		<u> </u>	<u>, , , , , , , , , , , , , , , , , , , </u>
(Mailing address MAY BE A POST OFFICE E	<u></u>	<u> </u>	<u>=</u>
		1	_
B. If amending the registered agent and/or reagent and/or the new registered office address	_	nter the name of	f the new r
Name of New Registered Agent:	<del></del>		
New Registered Office Address:	Enter Florida street a	ddress	
		, Florida	
	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 provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with 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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of A
MGR	James R. Bloomfield, Sr.	P.O. Box 1703	
		Zephyrhills, Fl. 33539	■Remov
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			□Remov
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Note: If the date inserted in the	e must be specific and cannot be prior to date of filing or more this block does not meet the applicable statutory filing rehe Department of State's records.	
ne record specifies a delayed ef ord is filed.	Sective date, but not an effective time, at 12:01 a.m. on the	he earlier of: (b) The 90th day af
Dated	2020	
	Aller Derfel	
	Signature of member or authorized representative of a	member
	Athena Bloomfield	

Filing Fee: \$25.00