LLC OCCC 13131

(Re	questor's Name)
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phor	ne #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	ime)
(Do	cument Number	·)
Certified Copies	_ Certificate	es of Status
Special Instructions to	Filing Officer:	
	/	111/21

Office Use Only



600352063116

10/21/20--61005--611 **25.60

2021 JAN 11 PH 5: 15 SECRETARY OF STATE

2/11/20:





2020 11 11 11 3: 15

FLORIDA DEPARTMENT OF STATE Division of Corporations

December 3, 2020

GARTH WILLIAMS 3330 FAIRCHILD GARDENS AVE SUITE 32863 PALM BEACH GARDENS, FL 33420

SUBJECT: HEARSEY ENTERPRISES, LLC

Ref. Number: L20000013131

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document submitted cannot be filed to make changes in the officers/directors of a corporation. Enclosed is the correct form for making these changes.

THE RESIGNATION FORM REQUIRES A SIGNATURE. PLEASE COMPLETE THE AMENDMENT FORM.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 720A00024204

Querida R Moore Regulatory Specialist II

www.sunbiz.org

COVER LETTER

TO:

TO: Registration Section Division of Corporations	
SUBJECT: Hearsey Enterprises Name of Limi	LLC
Name of Limi	ited Liability Company
The enclosed Articles of Amendment and fee(s) are sub-	mitted for filing.
Please return all correspondence concerning this matter	
rease return an correspondence concerning and masses	
Garth Willi	iaus
	Name of Person
Heavey Ente	erprises LLC
	Firm/Company
3330 Fairduld	Gardens Ave Suite 32863
	City/State and Zip Code Les Q Guai Com to be used for future annual report notification)
E-mail address: (For further information concerning this matter, please co	
Name of Person	at (561) 223-9037 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
S25.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 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 Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810
, and an analysis of the second secon	Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

House, Entraises 1	2021 JAN 11 PM 5: 15
(Name of the Limited Liability Company a (A Florida Limited Liab	TALLAHASSEE, FL
The Articles of Organization for this Limited Liability Company we	re filed on and assigned
Florida document number <u>L 20000013131</u>	
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 "L.L.C."
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 addagent and/or the new registered office address here:	lress on our records, <u>enter the name of the new registerec</u>
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:	

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>	<u>Name</u>	Address	Type of Action
AMBR	Matthew Magrone	3330 Fairdill Gardens Ave	□Add
		# 32863	Kemove
		Palus Beach Gardens, FL 33	470 Change
			□Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Remove
			∐Add
			🗆 Remove
			□ Change

_	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
_	
_	
_	
_	
_	
_	
_	
_	
_	
_	
_	
(If an eff Note:	ve date, if other than the date of filing:
ie recor ord is fi	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
Dated	William William
	Signature of a member or authorized representative of a member
	Garle Williams Typed or printed name of signee