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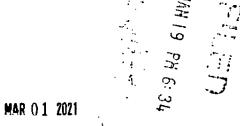
| (Re | questor's Name) | |
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| PICK-UP | WAIT | MAIL |
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| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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COVER LETTER

| TO: | Registration Se Division of Co | | | i |
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| SORTE | (.); <u></u> | Name of Lim | ited Liability Company | |
| The enc | Division of Compositions | | | |
| Please re | cturn all correspo | ondence concerning this matter | to the following: | |
| | | Heidi Choiniere | | |
| | | | Name of Person | |
| | | Heidi Choimere LLC | | |
| | | | Firm/Company | |
| | | 4343 Wecoma Ave | | |
| | | | Address | |
| | | North Port, FL 34287 | | |
| | | | City/State and Zip Code | |
| | | - | | |
| For furt | ber information o | | · | ilication) |
| | | one of the state o | 941 876-3990 | |
| | Name o | of Person | at () Area Code Daytin | ne Telephone Number |
| iclose | d is a check for t | he following amount: | | |
| ■ \$25 | .00 Filing Fee | | Certified Copy | Certificate of Status & Certified Copy |
| | Mailing Addres | | <u>Street Address:</u> Registration Se | ection |
| | Division of C | Corporations | Division of Co | rporations |
| | P.O. Box 632 Tallahassee, | | The Centre of 3 | Fallahassee oe Street, Suite 810 |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

202

| | | <u>⊆</u> "!; |
|---|---|---------------------------|
| Heidi Choiniere LLC | | |
| (<u>Name of the Limited Liability C</u> (A Florida Lir | Company as it now appears on our records.) mited Liability Company) | - 19 P |
| The Articles of Organization for this Limited Liability Com | pany were filed on 04-20-2020 | and assigned |
| lorida document number 1.200000108290 | | ب. ب |
| his amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited | l liability company here: | |
| he new name must be distinguishable and contain the words "Limited | Liability Company," the designation "LLC" or t | the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| Principal office address MUST BE A STREET ADDRES | 33) | |
| | | |
| Inter new mailing address, if applicable: | | |
| Mailing address MAY BE A POST OFFICE BOX) | | |
| | | |
| If amending the registered agent and/or registered of tent and/or the new registered office address here: | ffice address on our records, <u>enter the</u> | name of the new registere |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida street address | |
| | , Florid | a |
| | City | Zip Code |

Registered Agent's Signature, if changing Registered Agent:

eby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the sions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and at the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability any has been notified in writing of this change.

| • | 211 | v | ** | | ,, | v | | | | | Q.J |
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MGR = Manager

AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|----------------|---------------------------------------|----------------|
| MGR | Heidi Choimere | 4343 Wecoma Ave, North Port, FL 34287 | = Add |
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| ective date, if other than th | ne date of filing: | | (optional) | |
| reflective date is listed, the date in te: If the date inserted in this | ust be specific and cannot be prior to block does not meet the applica | o date of filmg or more than ble statutory filing requi | 90 days after filing.) Pursuant t rements, this date will not be | o 605.0201 e listed as |
| | Department of State's records. | | | |
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| | ive date, but not an effective tin | ne, at 12:01 a.m. on the o | earlier of: (b) The 90th day | after the |
| filed. | | | | |
| , Jan 13 | 2021 | | | |
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| 11. | | | | |
| Hei | Or Charles Signature of a member or author | ized representative of a me | unber | _ |