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(R	equestor's Name)	
(A	ddress)	
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(C	ity/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Name)	
(D	ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	

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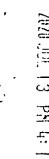


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AUG 22 2020 S. YOUNG



COVER LETTER

TO: Registratjon Section

Division of Corporations
SUBJECT: Queen Of Hearts Care, LLC " Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Cristina Fonseca
Queen of Hearts Care, ILC Firm/Company
2362 West 62 street. Address
Hialeah, FL 33016 City/State and Zip Code
Queen of heart Scare @ gmail.com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Cristina Fonseca at (501) L044 1726 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee S30.00 Filing Fee & S55.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

O	L,		_3	
•			609	. 1
Queen of Hearts	, Care, LL	<u>C</u>	<u> </u>	
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on ou liability Company)	<u>r records.</u>)	. ,	٠. ٦
	a or la.	1/2/20		
The Articles of Organization for this Limited Liability Company	were filed on O	1/2020	and assign	ied · .*
Florida document number <u>L2000126281</u> .				5
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company here:			
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designati	ion "LLC" or the abbi	reviation "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)				
			<u>.</u>	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records	s, <u>enter the name</u>	of the new r	<u>egistered</u>
agent and/or the new registered office address nege.				
Name of New Registered Agent:				
Name of New Registered Agent.				
New Registered Office Address:	Enter Florida stre	ast addrage		
	Enter Patrial sire			
	City	, Florida	Zip Code	
New Registered Agent's Signature, if changing Registered Agent:	,			
				:al. al
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete				
accept the obligations of my position as registered agent as p	provided for in Chapte	er 605, F.S. Or, ij	f this docume	
being filed to merely reflect a change in the registered office company has been notified in writing of this change.	address, I hereby con	firm that the limi	ited liability	
company has been nouned 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	Antonio Fonseca, Ir	80 sheffield D	□Add
		West Palm Beach, FL 33417	_ □Remove
		Change to: Registered Agen	Change
MGR	<u>Cristina Fonseca</u>	a36a West wa street	_ DAdd
		Hialean, FL 33016	□Remove
			□Change
			□Add
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			□Remove
			□ Change

If am	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
(If an e Note	etive date, if other than the date of filing: 5/11/2020 (optional) ffective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3) 1 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records.
e reco	ord 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 filed.
Dated	Wednesday, July 8th. 2020
	Signature of a member of authorized representative of a member
	Cristing Fonseca Typed or printed name of signee

Filing Fee: \$25.00