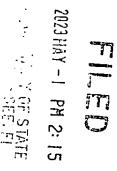
## L20000181198

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## **COVER LETTER**

TO:	Registration Se Division of Cor					,
		om Decor LLC	4			
CHIDIE	CCT:					
SUBJE		Name of Lim	ited Liability Company			
The end	closed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please	return all correspo	ndence concerning this matter	to the following:			
		CEDRIC MERONE				
		-	Name of Person			
			Firm/Company			
		1631 Summer Breeze Way			207	
		<del></del>	Address		23 HJ	71
		Sarasota, FL 34232		- [1] - [1] - [2]	2023 MAY - 1	}
		cmerone@shopheartkingdo	City/State and Zip Code m.com	25. 20.5 1.05	PH 2: 11	
For fur	thar information o	E-mail address: ( oncerning this matter, please c	to be used for future annual report noti	fication)	2: 15	
	Merone	oncerimig inis matter, picase e	754 246-3211			
			at ( )			
	Name o	f Person		e Telephone Number		
Enclose	ed is a check for th	ne following amount:				
<b>■</b> \$2.	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Fili Certificate Certified C (additional co	of Status Copy	
	Mailing Addres		Street Address:			
Registration Section Division of Corporations P.O. Box 6327			Registration Se			
			Division of Cor The Centre of T			
	Tallahassee, l			e Street, Suite 81	0	

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HeartKingdom Decor LLC		
(Name of the Limited Liability Co (A Florida Limi	mpany as it now appears on our recor- ted Liability Company)	<u>ds.</u> )
The Articles of Organization for this Limited Liability Compa L20000181198	any were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	liability company here:	
HeartKingdom LLC		
The new name must be distinguishable and contain the words "Limited L	iability Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS	2	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		2023 HAY -
B. If amending the registered agent and/or registered offingent and/or the new registered office address here:	ice address on our records, <u>ente</u>	the name of the new register
Name of New Registered Agent:		
New Registered Office Address:	Estas Clavida areas J.J.	-
	Enter Florida street addre	SS
	<b>F</b>	lorida
	1.418	7.47 \. (A)

## 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, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
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cord specifies a delayed	effective date, but r	not an effective tim	e, at 12:01 a.m. on t	he earlier of: (t	) The 9	0th day after th
is filed.						
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			ized representative of	, mambar		
	Signature of	a megaber or authori	izeu representative or:	i memoer		