## L20000181198

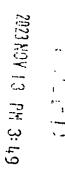
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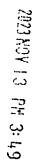




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## **COVER LETTER**

TO: Registration So Division of Cor			
HeartKingo	lom LLC		
SUBJECT:	None of Lin	Sect Calcillator Community	<del>.</del>
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Cedric Merone		
		Name of Person	
		Firm/Company	
	1631 Summer Breeze Way		
		Address	
	Sarasota, FL 34232		
	cmerone@shopheartkingdo	City/State and Zip Code m.com	
	E-mail address: (	to be used for future annual report not	fication)
For further information c	concerning this matter, please c	all;	
Cedric Merone		754 246-3211	
		at ()	ne Telephone Number
Name (	of Person	Area Code Daytim	e Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres		Street Address:	
Registration Section Division of Corporations		Registration Se Division of Cor	
P.O. Box 632		The Centre of T	- <del>-</del>

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HeartKingdom LLC		
( <u>Name of the Limited Liability Compa</u> (A Florida Limited)	ny as it now appears on our records Liability Company)	<u>i.</u> )
The Articles of Organization for this Limited Liability Company florida document number $\frac{L20000181198}{L20000181198}$	were filed on	and assigned
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 Liabi	lity Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	5342 Clark Road	
Principal office address MUST BE A STREET ADDRESS)	#3228	
	Sarasota, FL 34233	202
Enter new mailing address, if applicable:	5342 Clark Road #3228	E   AGN 5202
Mailing address MAY BE A POST OFFICE BOX)	Sarasota, FL 34233	
		<del>;</del> ;
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter</u>	the name of the new regi
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	v.mer r torjaa sireet daaress	ı
	, Flo	orida Zin 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, <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>	<u>Name</u>	Address	Type of Action
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			Remove
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			□Remove
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ctive date, if other than the	date of filing:		(optional)	
effective date is fisted, the date mus e: If the date inserted in this bl	t be specific and cannot be prior ock does not meet the applic	to date of filing or more than able statutory filing requir	90 days after filing.) Pursuant to Grements, this date will not be !	605.02 listed
iment's effective date on the D				
ord specifies a delayed effectiv	e date, but not an effective ti	me, at 12:01 a.m. on the e	arlier of: (b) The 90th day a	fter th
filed.				
November 06	2023			
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