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COVER LETTER

TO: Registration Se Division of Con			
	t CPR L.L.C.		
SUBJECT:	Name of Lim	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Natasha Garver		
		Name of Person	
	HeartSmart		
		Firm/Company	
	3704 US HWY 301 Unit 4		
		Address	
	Ellenton FL 34222		
	-	City/State and Zip Code	
	E-mail address: (HeartSmartACLS @live to be used for future annual report notification)	
For further information of	concerning this matter, please co	all:	
Natasha Garver		941 527-8302	
Name (of Person	Area Code Daytime 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 & □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certificate of State Certified Copy (additional copy is enclosed)	tus &
Mailing Addre		Street Address:	
Registration: Division of C		Registration Section Division of Corporations	
P.O. Box 632		The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2022 HAY 20 AFt 7: 55

HeartSmart CPR L.L.C.

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Compan	y were filed on	and assigned
Florida document number L20000277012		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
HeartSmart Health Services LLC		
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "L	LC" 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)		
	address on our records, <u>ent</u>	er the name of the new regis
	e address on our records, <u>ent</u>	er the name of the new regis
agent and/or the new registered office address here:	e address on our records, <u>ent</u>	er the name of the new regis
	e address on our records, <u>ent</u>	er the name of the new regis
agent and/or the new registered office address here:		
Name of New Registered Agent:	e address on our records, <u>ent</u> Enter Florida street add	
	Enter Florida street add	

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:

or remov	ed from our records:		
MGR =	Manager		
AMBR =	Authorized Member		

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Remove
			Change
			☐ Change
			□Remove
			Change
	 		□Add
			□Remove
			□Change
			
			□Remove
			☐ Change
			□Add
			□Remove
			□Change

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Effective date, if other than the (If an effective date is listed, the date mu Note: If the date inserted in this b document's effective date on the E	lock does not meet the	applicable statutory		
ne record specifies a delayed effection of is filed.	e date, but not an effec	ctive time, at 12:01 a	.m. on the earlier of: (b)	The 90th day after the
May 16th	2022			
Dated		<u> </u>		
Dated	Signature of a member of	r authorizet represent	ative of a member	