

120 000396819

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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SECOND FLORIDA
TALLAHASSEE, FL

D BRUCE
SEP 10 2021

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Hear12kwt L.L.C
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:

De'carl Haynes
Name of Person

Firm/Company

856 Paydros Ln West
Address

Jacksonville, FL 32218
City/State and Zip Code

DecarlHaynes4@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

De'carl Haynes at (904) 445-9870
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|--|--|--|

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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TALLAHASSEE
SECTION 17

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Heart 2 Kut LLC

(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 Company were filed on 12/21/2020 and assigned Florida document number L20000396819.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" 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) _____

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

De'Carl Haynes

New Registered Office Address:

856 Paydras Ln West

Enter Florida street address

Jacksonville

City

Florida

32218

Zip 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 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>	<u>Address</u>	<u>Type of Action</u>
AMBR	De'arl Haynes	856 Paydras Lane West	<input checked="" type="checkbox"/> Add
		Paydras	
		Jacksonville, FL 32218	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Carlisa Williams	856 Paydras Lane West	<input type="checkbox"/> Add
		Jacksonville, FL 32218	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AP	Chontal James	856 Paydras Lane West	<input type="checkbox"/> Add
		Jacksonville, FL 32218	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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2021 SEP -9 PM 1:3
SECURITY
TALLAH. ST. FL.

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2021 SEP -9 PM 1:33
SECTION 1
TALLAH-SEE, FL

If the record 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 record is filed.

Signature of a member or authorized representative of a member

De'Carl Haynes