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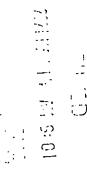


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COVER LETTER

	legistration Sec Division of Corp			
oren 17 00	IHEARYAE			
SUBJECT	r:	Name of Lim	ited Liability Company	
The enclos	sed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please retu	arn all correspo	ndence concerning this matter	to the following:	
		LOVETTE DOBSON		
			Name of Person	
		INCFILE.COM LLC		
			Firm/Company	
		17350 STATE HWY 249 S	STE 220	Daytime Telephone Number S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
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		HOUSTON, TX 77064		
			City/State and Zip Code	
		EFILE1234@INCFILE.CO		
r ent-		E-mail address: (oncerning this matter, please c	to be used for future annual report no	ancanon)
		sheering this matter, please c		
LOVETT	E DOBSON		888 462-3453 at ()	
	Name of	f Person	Area Code Dayti	me Telephone Number
Enclosed	is a check for th	ne following amount:		
₩ \$25.0	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy
]]	Mailing Addres Registration S Division of C P.O. Box 632 Fallahassee, I	Section orporations 7	The Centre of	orporations Tallahassee

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

IHEARYAB	OIEE LLC		
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company Florida document number	were filed on 12/31/2020 and assigned		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company here:		
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	1919 Orlean Dr.		
Principal office address MUST BE A STREET ADDRESS)	Jacksonville, FL 32210		
Enter new mailing address, if applicable:	1919 Orlean Dr.		
(Mailing address MAY BE A POST OFFICE BOX)	Jacksonville, FL 32210		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, enter the name of the new registered		
New Registered Office Address:			
	Enter Florida street address		
	, Florida		
	City 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 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	Richard Hearn	1919 Orlean Dr.	
		Jacksonville, FL 32210	□Remove
			🗖 Add
			□Remove
			□Change
			□Remove
			□Change
			□Add
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			□Change
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			Remove
			☐Change
			DAMd
			□ Remove

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ffective date, if other than the	date of filing:		_ (optional)
The crive date, if other than the same of an effective date is listed, the date must solve. If the date inserted in this blocument's effective date on the Defective date on the Defective date.	t be specific and cannot be prior to ock does not meet the applicab	date of filing or more than 90 date statutory filing requireme	ays after filing.) Pursuant to 605.02
record specifies a delayed effective	e date, but not an effective tim	e, at 12:01 a.m. on the earlie	er of: (b) The 90th day after th
d is filed.			÷
April 14	2021		
Dated		- '	
Richard	Non		
Monar	Signature of a member or authori		
	Signature of a member or authori	zed representative of a member	; O