La1000077513

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer;	

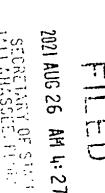




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COVER LETTER

TO:

TO: Registration Se Division of Cor			.•
	Heartist LLC		
SUBJECT:	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:	
	Crystal Morales		
		Name of Person	<u>, · </u>
	The Sweet Heartist LLC		
		Firm/Company	
	853 Del Mar Circle		
		Address	
	West Melbourne, Fl. 3290		
		City/State and Zip Code	<u> </u>
	thesweetheartist@gmail.cor		
For further information c	E-mail address: (oncerning this matter, please e	to be used for future annual report no all:	otification)
Crystal Morales		321 960-4791	
Name o	f Person	at () Area Code Dayti	me Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S		Street Address: Registration S	ection
Division of C		Division of Co	
P.O. Box 632	.7	The Centre of	Tallahassee
Tallahassee, l	FL 32314	2415 N. Mont	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2021 AUG 26 AM 4: 27

The Sweet Heartist LLC

SECRETARY OF STATE

(Name of the Limited Liability Company as it now appears on our records: 17.55EE. FLOAT
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Com	npany were filed on February 15.	2021 and assigned
Florida document number L21000077513		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d 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 ADDRES	<u> </u>	
Enter new mailing address, if applicable:		-
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of	ffice address on our records, et	nter the name of the new reviste
agent and/or the new registered office address here:		Net the mane of the new register
Name of New Registered Agent:		
New Registered Office Address:		
The Register of Miles Hadioss.	Enter Florida street ac	ldress
		. Florida
	City	, FloridaZip Code
New Registered Agent's Signature, if changing Registered A	sgent:	
I haraby agains the appointment as registered arous any	d aurea to act in this capacity	I fuether aurea to comply with

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 a or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	Name	<u>Address</u>	Type of Action
AMBR	Crystal Morales	853 Del Mar Circle, West Melbourne, FL 32904	= Add
			□Remove
			□Change
AMBR	Nelson Morales	853 Del Mar Circle, West Melbourne, FL 32904	a Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
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			□Remove
			□Change

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f an effective date i Note: If the date	if other than the (is listed, the date must inserted in this blo tive date on the De	be specific and ck does not n	l cannot be prior neet the applic	able statutory fil	more than 90 days	optional) after filing.) Pursua i, this date will no	nt to 605.0207 (t be listed as t
record specifies d is filed.	a delayed effective	date, but not	an effective ti	me, at 12:01 a.m	. on the earlier e	f: (b) The 90th o	lay after the
Dated August 13		A	2021	<u>. </u>			
\cap	274 V	SALA					
0	up (I)	Signature of a 1	nember of autho	rized representati	ve of a member		

Filing Fee: \$25.00