

L21000098531

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

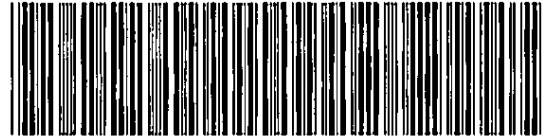
(Business Entity Name)

(Document Number)

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2021 MAR 16 A 9:43

S.C.

Money order #2216668778

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Heavenly Language Therapy Services, LLC
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:

Kesley Smith
Name of Person

Heavenly Language Therapy Services
Firm/Company

14921 Fillmore Street
Address

Miami, FL 33176
City/State and Zip Code

heavenlylanguage124@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kesley Smith at (786) 468-0523
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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 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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Money order # 2216668778

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Heavenly Language Therapy Services, 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 March 1, 2021 and assigned
Florida document number L21000098531.

This amendment is submitted to amend the following:

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

N/A

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:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A

(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:

N/A

New Registered Office Address:

N/A

Enter Florida street address

N/A

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 Changing Registered Agent, Signature of New Registered Agent

Money order # 2216668788

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	Kesley Smith	14921 Fillmore St	<input checked="" type="checkbox"/> Add
		Miami, FL 33176 U.S	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Rachel S Moore	10102 Eastern Lake	<input type="checkbox"/> Add
		Ave, Apt 104 BLDG 27	<input checked="" type="checkbox"/> Remove
		Orlando FL 32817 US	<input type="checkbox"/> Change
Ambr	Laurence C Smith	15520 SW 104 th AVE	<input type="checkbox"/> Add
		Miami, FL 33157 US	<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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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

None

E. Effective date, if other than the date of filing: _____ (optional) .

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

Dated March 11 , 2021 .

Kesley Smith

Signature of a member or authorized representative of a member

Kesley Smith

Typed or printed name of signee

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