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(Requ	restor's Name)	
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COVER LETTER

Div	ision of Corp	orations		
SUBJECT:	Heart Gift Ci	reations LLC		
		Name of Limit	ed Liability Company	
The enclosed	d Articles of A	mendment and fee(s) are subn	nitted for filing.	
Please return	all correspon	dence concerning this matter t	o the following:	
		Angela Garner		
			Name of Person	
		ZenBusiness, Inc.		
			Firm/Company	
		5511 Parkcrest Drive, Suite	103	
			Address	
		Austin, TX 78731		
			City/State and Zip Code	
		fulfillment@zenbusiness.com	n	
		E-mail address: (to	be used for future annual repo	ort notification)
For further in	nformation co	ncerning this matter, please ca	11:	
Angela Gari	ner c/o ZenBu	siness, Inc.	844 493-6; at ()	- '
	Name of	Person	Area Code I	Daytime Telephone Number
Enclosed is	a check for the	following amount:		
■ \$25.00 F	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy tadditional 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

TO:

Registration Section

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

#£1 UC. 25 PH 5: 52

Heart Gift Creations LLC	\$ ·	<u> </u>
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Liability Company) / "	•
The Articles of Organization for this Limited Liability Company Florida document number 1.21000116572	were filed on 0.3/11/2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	920 Capetown Ave	
Principal office address MUST BE A STREET ADDRESS)	Lehigh Acres, FL	
	33974	
Enter new mailing address, if applicable:	920 Capetown Ave	
Mailing address MAY BE A POST OFFICE BOX	Lehigh Acres, FL	
	33974	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her Name of New Registered Agent: New Registered Office Address:	_	enter the name of the
	Florid	da 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>	Address	Type of Action
AMBR	Brigitte Fagan		Add
			□ Remove
		920 Capetown Ave Lehigh Acres, FL 33974	Change
			Add
			☐ Remove
			☐ Change
		<u> </u>	Add
			□ Remove
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. Effective date, if other than the (If an effective date is listed, the date mus Note: If the date inserted in this bl document's effective date on the D	ock does not meet the ap	plicable statutory fi	(optiona r more than 90 days after filin ling requirements, this dat	l) g.) Pursuant to 605,0207 (3)(be will not be listed as the
the record specifies a delayed b) The 90th day after the rec		not an effective	e time, at 12:01 a.m	. on the earlier of:
Dated October 21	2021	·		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00