(Requestor's Name)			
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PICK-UP WAIT MAIL			
(Business Entity Name)			
(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number)			
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COVER LETTER

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TO: Registration So Division of Co		** *	16	
SUBJECT: Hec	Wenly ESCA Name of Lin	pe LLC	E	2
	/ Name of Lin	nited Erability Company		
The enclosed Articles of	Amendment and fee(s) are sub	bmitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Thia	Name of Person		
	Hea	venly Escape		202
		Semont Cir Address		SECRETARY OF STATE
	<u>Daven</u>	City/State and Zip Code - gabrielly @ho (to be used for future annual report no	37	PH 2:
	E-mail address:	gabrielly who	otmail. com	ATE 36
For further information of	oncerning this matter, please o	call:		
Thauani Name o	Marini f Person	at (425) 78 (Area Code Daytii	0 1365 nc Telephone Number	
Enclosed is a check for the	ne following amount:			
\$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &
Mailing Address Registration	Section	Street Address: Registration So		
Division of C P.O. Box 632	=	Division of Co The Centre of	•	
Tallahassee,			pe Street, Suite 81	0

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Heavenly Esc	ape LLC	
(Name of the Limited Lubility Compar (A Florida Limited L	iy as It now appears on our records.) iability Company)	
The Articles of Organization for this Limited Liability Company (Florida document number <u>LQLOOO137578</u> 4	were filed on 23rd March	2021 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2614 Rosemon Davenport, F	+ Circle
(Principal office address MUST BE A STREET ADDRESS)	Davenport, F	L, 33837
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office as	2614 Rosemon Davenport, FL	25 -6 -
s. It amending the registered agent and/or registered office as agent and/or the new registered office address here:	udress on our records, enter the	FAIL 2: 3
Name of New Registered Agent:		111 M
New Registered Office Address:	Enter Florida street address	
	, Florid	a
	City	Zip Code
of the district of the contract of the contrac		

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
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			□Change
		-	□Remove
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