

6/28/2021

Division of Corporations

L210000246345

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : LEGALINC CORPORATE SERVICES INC.
Account Number : I20180000011
Phone : (844) 386-0178
Fax Number : (214) 317-4754

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
HEIRS DIVERSITY INVESTMENT GROUP LLC**

Certificate of Status	0
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Electronic Filing Menu

Corporate Filing Menu

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BB
6/29/21

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

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HEIRS DIVERSITY INVESTMENT GROUP 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 05/26/2021 and assigned
Florida document number L21000246345

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited 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 ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

FILED
2021 JUN 28 PM 3:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

New Registered Office Address:

Enter Florida street address

City, Florida 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

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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

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MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Jennifer Vincent	1510 Northeast 62nd Street	<input checked="" type="checkbox"/> Add
		Fort Lauderdale, FL 33334	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Ebonni Chrispin	2707 Northeast 14th Street Causeway, Unit 201	<input checked="" type="checkbox"/> Add
		Pompano Beach, FL 33062	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Ayo Tillman	1700 East Sunrise Boulevard, #1407	<input checked="" type="checkbox"/> Add
		Fort Lauderdale, FL 33304	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Santra Denis	6104 Northwest 73rd Avenue	<input checked="" type="checkbox"/> Add
		Tamarac, FL 33321	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Denick Poulard	8594 Lychee Drive	<input checked="" type="checkbox"/> Add
		Tamarac, FL 33321	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Clint Acosta	3061 Faudree Road, Apt. 1011	<input checked="" type="checkbox"/> Add
		Odessa, TX 79765	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Bertholette Pardieu	9601 Northwest 4th Street, Unit 1A	<input checked="" type="checkbox"/> Add
		Coral Springs, FL 33071	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Gilbert Chrispin	2707 NE 14th Street Causeway, Unit #201	<input type="checkbox"/> Add
		Pompano Beach, FL 33062	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<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.)*

2021 JUN 28 PM 3:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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) this date will not be listed as the filing date for the purposes of the filing requirements.

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 June 17, 2021

Chaspin

Signature of a member or authorized representative of a member

Gilbert Chrispin

Typed or printed name of signee

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