

(Re	equestor's Name)	
(Ac	idress)	
(Ac	ddress)	
(Cir	ty/State/Zip/Phone	<i>⇒</i> #)
PICK-UP	WAIT	MAIL
(Bu	isiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



700418429427

01/03/24--01038--023 **\$0.00

2024 JAN - 3 PK 4: 2

COVER LETTER

TO: Registration Se Division of Cor				
	HEART CATTLE, LLC			
SUBJECT:	Name of Lin	nited Liability Company	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
	ondence concerning this matter	<u>-</u>		
	WILLIAM D. ANDERSO	N, JR.		
		Name of Person		
	WILLIAM D. ANDERSO	N, JR., P.A.		
		Firm/Company		
	2897 SE Ocean Blvd.			
		Address	·····	
	Stuart, Fl. 34996			
		City/State and Zip Code		
	no change F-mail address: (to be used for future annual report not	ification)	
For further information c	oncerning this matter, please c	·	,	
William D.Anderson, Jr.		772 283-2411		
Name o	f Person	at () Area Code Daytin	ne Telephone Number	
Enclosed is a check for th	ne following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Addres		Street Address: Registration Se	ection	
Registration Section Division of Corporations		Division of Corporations		
P.O. Box 632	.7	The Centre of	lallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

WILLIAM D. ANDERSON, JR.

ATTORNEY AT LAW
WILLIAM D. ANDERSON, JR., P.A.
2897 SE OCEAN BLVD.
P.O. BOX 288
STUART, FL. 34995-288

772-283-2411

Fax 772-283-2419

March 12, 2024

Division of Corporations P. O. Box 6327 Tallahassee, FL. 32314

RE: Pierced Heart Cattle, LLC

Kirchman Holdings, LLC

Dear Sir:

I have enclosed the following for your review and filing:

- Cover Letter Pierced Heart Cattle, LLC
- 2. Amendment to Articles for above
- 3. Cover Letter for Kirchman holdings, LLC
- 4. Amendment to Articles for above
- 5. Copy of check #5188

Please file these amendments as they have been pre-paid.

Should you have any questions, please call my office.

Yours truly,

William D. Anderson, Jr.

cc: Client

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa	ny as it now annears on our records)	
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	Liability Company)	
he Articles of Organization for this Limited Liability Company	were filed on 01-05-2022	and assigned
lorida document number L22000021753		
his 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 Liabil	ity Company," the designation "LLC" or th	e abbreviation "L.L.C."
-	, , , ,	
nter new principal offices address, if applicable:	···	2024 1024
rincipal office address MUST BE A STREET ADDRESS)		
		<u> </u>
		ا دن
		<u>.</u>
nter new mailing address, if applicable:		<u> </u>
Mailing address MAY BE A POST OFFICE BOX)		
. If amending the registered agent and/or registered office a	iddress on our records, <u>enter the n</u>	ame of the new regist
gent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	The state of the s	
	, 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 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>	Type of Action
AMBR	COURTNEY CALARCO	8082 SE Shiloh Terrace. Hobe Sound. FL. 33455	= Add
			□Remove
			□Change
AMBR	OLIVIA KIRCHMAN	3484 SW Sawgrass Villas Dr., Palm City, Fl. 34990	≣ Add
			□ Remove
			□Change
AMBR	RACHAEL KIRCHMAN	3484 SW Sawgrass Villas Dr., Palm City, Fl. 34990	= Add
			□Remove
		Change	
<u> </u>			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change

			irchman are added as		·	
						
				· · · -		
			*			
		 				
	······		 			
. ,,.						
-						
	 			····		
						
Tective date, if other an effective date is listed, the ote: If the date inserted becoment's effective date	ne date must be specifi in this block does i	ic and cannot be prior not meet the applic	able statutory filing		ling.) Pursuant to 605.0	
		t not an effective t	ime, at 12:01 a.m. on	the earlier of: (b)	The 90th day after t	the
record specifies a delayer is filed.	d effective date, bu	ic not an effective t				
is filed.	d effective date, bu	2024				
is filed.	ed effective date, bu		-· >			
is filed.		; 2024	orized representative o) fa member		

Filing Fee: \$25.00