## L22000061236

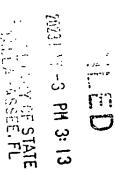
(Requestor's Name)
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## **COVER LETTER**

Division of Corpo	Faiiuns		
SUBJECT: Heaf	O Stones W Name of Limit	Vanauement 15	LL_
The enclosed Articles of An	nendment and fee(s) are subr	mitted for filing.	
Please return all correspond	ence concerning this matter t	to the following:	
		Name of Person	
	Hive Lau	1	
	11100 000	Firm/Company	<del></del>
	2605 12	$\infty \omega$	
	20- 5	Address	
	Orcem, U	L S4058 City/State and Zip Code	_;
!	Remewals (	hive . law	fication)
For further information con-	cerning this matter, please ca	all:	
Karen		at (480 ) 801 -	- 910 <del>7</del>
Name of P	crson	raca couc Dayian	· ·
Enclosed is a check for the	following amount:		·
<b>≘</b> \$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 Ad <u>dress:</u>	· .	Street Address:	

TO: Registration Section

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

Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassec, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

7/LED 2023/7/17-3 PM 3:13

HEAP STONES MANAGEMENT LLC		MARY OF STATE
HEAP STONES MANAGEMENT LLC  (Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our recording line (company)	D WELL SEE, FL
The Articles of Organization for this Limited Liability Company Florida document number L22000061236		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:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<del></del>
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	· ·	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter</u>	the name of the new registered
Name of New Registered Agent:	<u> </u>	
New Registered Office Address:	Enter Florido street addres	·s
	, Flo	·. orida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, ar provided for in Chapter 605, .	nd I am familiar with and F.S. Or, if this document is

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>	Name	Address	Type of Action
CEO	DESROSIERS, RACHELLE	6801 LAKE WORTH ROAD, SUITE 125	DAdd
	•	LAKE WORTH, FL 33467 US	≅Remove
			Change
MBR	Heap Stones Inc	30 N Gould St Ste R	<b>=</b> Add
		Sheridan, WY, 82801	□Remove
			□Change
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an effective date is listed, the date note: If the date inscreed in this	he date of filing:	date of filing or more the le statutory filing requ	ın 90 days after filin	g.) Pursuant to 605
record specifies a delayed effec is filed.	tive date, but not an effective time	e, at 12:01 a.m. on the	earlier of: (b) 1	'he 90th day aftei
ated	2023			

Filing Fee: \$25.00