

L220000061236

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

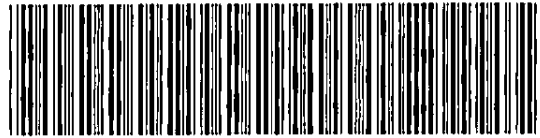
(Business Entity Name)

(Document Number)

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2023 MAY -3 PM 3:13
CLERK OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Heap Stones management, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Name of Person
Hive Law

Firm/Company
260 S 1200 W

Address
Orem, UT, 84058

City/State and Zip Code
Renewals@hive.law

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Karen at (480) 801-9107
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$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 Address:

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

Street Address:

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

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2023-03-03 PM 3:13

DEPARTMENT OF STATE
TALLAHASSEE, FL

(A Florida Limited Liability Company)

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>	<u>Address</u>	<u>Type of Action</u>
CEO	DESROSIERS, RACHELLE	6801 LAKE WORTH ROAD, SUITE 125	<input type="checkbox"/> Add
		LAKE WORTH, FL 33467 US	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MBR	Heap Stones Inc	30 N Gould St Ste R	<input checked="" type="checkbox"/> Add
		Sheridan, WY, 82801	<input type="checkbox"/> Remove
			<input 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 checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

2023 JUN 13 PM 1:30
CLERK OF STATE
TALLAHASSEE, FL

2023 MAY -3 PM 3:13
CLERK OF STATE
TALLAHASSEE, FL



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)

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 April 10, 2023

Signature of a member or authorized representative of a member

Rachelle Desrosiers

Typed or printed name of signee

Filing Fee: \$25.00