L22000040347

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		COVER LETTER	
TO: Registratio	on Section Corporations		
	ERITAGE LLC	•	1
SUBJECT:	Name of Lin	nited Liability Company	
	•		
The enclosed Article	es of Amendment and fee(s) are sub	omitted for filing.	
Please return all corr	respondence concerning this matter	to the following:	
	CYNTHIA S JASKULSK	ī	
	<u> </u>	Name of Person	
	CJ CERTIFIED BOOKKI	EEPING SERVICES, LLC	
		Firm/Company	
	PO BOX 355		
		Address	
	ELLENTON FL 34222		
		City/State and Zip Code	
	-	OOKKEEPINGSERVICES.COM to be used for future annual report noti	tienties)
Dan Carlon (a Camana)		•	neation)
	ion concerning this matter, please c		
CYNTHIA S JASK	ULSKI	727 204-4541 at ()	
Na	ame of Person	Area Code Daytim	e Telephone Number
Enclosed is a check t	for the following amount:		
■ \$25.00 Filing Fe	ce S30.00 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)
Division of P.O. Box	ion Section of Corporations	Street Address: Registration Se Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	rporations Fallahassee e Street, Suite 810

· ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

PH HERITAGE LLC

2022 JUL 29 PH 12: 16

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

TALL AHASŠEE. FL The Articles of Organization for this Limited Liability Company were filed on 02/10/2022 and assigned Florida document number ______L22000070347 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) 5942 34TH STREET W SUITE 106 Enter new mailing address, if applicable: **BRADENTON FL 34210** (Mailing address MAY BE A POST OFFICE BOX) 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

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.

City

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
MGRM	COLEMAN, PATRICK	PO BOX 1678	
		ANNA MARIA FL 34216	□Remove
MGRM	COLEMAN, MICHEAL	PO BOX 1678	
		ANNA MARIA FL 34216	=Remove
			□Change
MGR	BEALS, KAITLIN	PO BOX 1678	\BAdd
		ANNA MARIA FL 34216	□Remove
			□Change
		.	□Add
			□Remove
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Note: If the date inserted in this bloc	ck does not meet the applicable statu	utory filing requirements, this d	ate wil	l not be	listed as
	partment of State's records.				
ocument seriective date on the trep		2:01 a.m. on the earlier of: (b)	The 90	Oth day	after the
	date, but not an effective time, at 10		THE A	in day	arter inc
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