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DATE: 06/07/23

NAME: HEAVEN PROPERTIESE INVESTMENTS LLC

TYPE OF FILING: AMENDMENT

COST:

25.00

RETURN: PLAIN COPY PLEASE

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AUTHORIZATION: ABBIE/PAUL HODGE

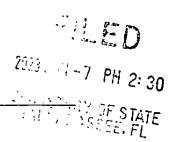
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Division of Cor			
HEAVEN	PROPERTIES INVESTMENT	'S LLC	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	CHRISTIAN PARES		
		Name of Person	
	HEAVEN PROPERTIES	INVESTMENTS LLC	
		Firm/Company	
	4803 DR MLK JR BLVD.		
		Address	
	PLANT CITY, FL 33566		
	· · · · · · · · · · · · · · · · · · ·	City/State and Zip Code	
	Heavenpropertieseva@gma	il.com to be used for future annual report notif	ication)
For further information c	oncerning this matter, please co	•	reaction)
CHRISTIAN PARES		813 863-0082	
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	ne 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 Addres		Street Address:	ri sa

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
Tallahassee, FL 32303

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



HEAVEN PROPERTIES INVESTMENTS 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 Comp	sany were filed on 02/	16/2022	and assigned
Florida document number L22000077507	any were med on		_ and assigned
This amendment is submitted to amend the following:			
This afterwhen is submitted to afficild the following.			
A. If amending name, enter the new name of the limited	liability company her	<u>re</u> :	
The new name must be distinguishable and contain the words "Limited L	iability Company," the de	esignation "LLC" or the abbre	eviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS	<u> </u>		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered offi	ioo addussa on suu us	anda antautha nama	- F A.
agent and/or the new registered office address here:	ce address on our re-	cords, enter the name of	ot the new registere
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florid	da street address	
		, Florida	
	City	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered Age	<u>ent:</u>		
Themselve mannered to the second seco			

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.

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11 amending Authorized rerson(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	CHRISTIAN PARES	4803 DR MLK JR BLVD.	Add
		PLANT CITY, FL 33566	□Remove
			□ Change
MGR	ALIX PARES	4803 DR MLK JR BLVD.	□Add
		PLANT CITY, FL 33566	≣Remove
			Change
		-	□ Add
			Remove
			□Change
	 		
			Remove
			Change
			□Add
			Remove
			□ Change
			□Remove

Please remove MGR, ALIX PARES and add AMB	., CHRISTIAN PARES to this LLC.	
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fective date, if other than the date of filing: un effective date is listed, the date must be specific and cannot be ote: If the date inserted in this block does not meet the a cument's effective date on the Department of State's recomment.	(optional) prior to date of filing or more than 90 days after filing.) Pursuant to opplicable statutory filing requirements, this date will not be lords.	 605.02 listed
ecord specifies a delayed effective date, but not an effect is filed.	ve time, at 12:01 a.m. on the earlier of: (b) The 90th day a	ifter th
ated June 7th 2023	·	
DecuSigned by		
(Uniter		
Signature of a member or	authorized representative of a member	

Filing Fee: \$25.00