## 422000114713

(Red	questor's Name)	<del></del>
(Add	dress)	
(Ado	dress)	
V	11633	
(City	//State/Zip/Phon	e #)
PICK-UP	MAIT	MAIL
(Bus	siness Entity Nar	nel
\ <del>-</del>	M1000 Emily 11	ne,
(Doc	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	filing Officer:	
	JUN 29	2077
	• • • • • • • • • • • • • • • • • • • •	
	A. LUI	NT

Office Use Only



900387175199

05/06/22-+01019--018 \*\*25.00

SI CHETATE OF STATE

SI CHETATE

SI CHETAT

## **COVER LETTER**

TO:

TO: Registration Se Division of Cor			
	ome Medial Solutions, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	indence concerning this matter	to the following:	
	Deborah Todd		
		Name of Person	
	Hearts At Home Medical S	Soultions LLC	
		Firm/Company	<del> </del>
	20255 Black Tree Lane		
		Address	<u> </u>
	Estero,FL 33928		
		City/State and Zip Code	<del></del>
	drosetodd143@yahoo,com		
	E-mail address: (	to be used for future annual report no	tification)
For further information e	oncerning this matter, please co	all:	
Deborah Todd		239 287-5567 at ( )	
Name o	f Person	Area Code Daytii	me 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 tadditional copy is enclosed)
Mailing Address Registration S		<u>Street Address:</u> Registration S	ection
Division of C		Division of Co	
P.O. Box 632	.7	The Centre of	Tallahassee
Tallahassec, l	FL 32314	2415 N. Monr	oe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Hearts At Home Medical Soultions 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 Company	were filed on March 7, 20	o22 and assigned
Florida document number L22000114713		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
Heart and Home Craft Company LLC		
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designatio	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
(Maining address MAT DE ATOST OFFICE BOX)		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records,	enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street	address
		, Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office of company has been notified in writing of this change.	performance of my dut rovided for in Chapter	ies, and I am familiar with and 605, F.S. Or, if this document is
If Chan	ging Registered Agent, Sign	ature 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>	Address	Type of Action
			□Add
			Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
		<del></del>	□Change
			🖸 Add
		<del></del>	□Remove
		<del></del>	
	<del></del>		□Add
			□Remove
		<del>-</del>	□Change
			DAdd
			□Remove
			Channa

	<del></del>		<del></del>			
		<u> </u>	<del>.</del>			
				<del></del>		
	_					<del></del>
				-	<del></del>	
						2022
		·	<del></del>			2022 HAY
					_ <del>-</del>	<u> </u>
					<del> </del>	`-
	····					<b>X</b>
		<del> </del>	·			
				·		
fective date, if other tha in effective date is listed, the da	n the date of fi	iling:			(optional)	
n effective date is listed, the da <u>ste:</u> If the date inserted in the cument's effective date on	his block does n	ot meet the ap	olicable statutory	or more than 90 d filing requireme	ays after filing.) Purs nts, this date will i	uant to 605,020 not be listed a
ecord specifies a delayed el is filed.	Tective date, but	not an effectiv	re time, at 12:01 :	a.m. on the earlic	er of: (b) The 90t	n day after th
nted May 2		2022	_			
	<del></del>	_·				

Filing Fee: \$25.00

Typed or printed name of signee