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COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT: 4	Eavenly Sent Name of Limi	Children's Place ted Liability Company	, LLC	
The enclosed Articles o	f Amendment and fee(s) are subt	nitted for filing.		
Please return all corresp	ondence concerning this matter t	to the following:		
	Deonne	Name of Person		
			ofessional Services, LL	
	5409 Sw 1	Address	2022 JUL	1 :
	Pêmbrolu Waymalcu I:mail address: (1	Park, PL 3307 City/State and Zip Code Services IC @ Gmost o be used for future annual report notifi	202 JUL 12 All 9: 37	i :
For further information	concerning this matter, please co		, , , , , , , , , , , , , , , , , , ,	
Deonne	of Person	at (<u>954</u>) <u>607 ·</u> Area Code Daytimo	9 元年。 e 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 Addr Registration Division of P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations fallahassee e Street, Suite 810	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Heavenly Sent C	Initolien's Place, LLC	
(A.I.	iability Company as it now appears on our lorida Limited Liability Company)	reengs.
The Articles of Organization for this Limited Liabil Florida document number 122600 291		28/2022 and assigned
This amendment is submitted to amend the following	ng:	
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	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	::	
(Principal office address MUST BE A STREET A	DDRESS)	22 2
		<u>1</u> 12 17
Enter new mailing address, if applicable:		14c = 11
(Mailing address MAY BE A POST OFFICE BO.	<u> </u>	<u>3</u> ω
B. If amending the registered agent and/or regis		enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida stree	t address
		. Florida
_	City	Zip Code

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.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added</u> <u>or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	Name	Address .	Type of Action
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			Xemove
			□Change
Prest Dwner	Dadna Smalling	2300 NW 9th St Buildy 5	<u>} </u> ‡ iAdd 3
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fective date, if other than				22_	_(optional)		_	
in effective date is listed, the date of the late inserted in the	iis block does not	meet the appli	icable statutory	g or more than 90 . Tiling requirem	lays after filing. ents, this date) Pursuant will not l	io 605.0 re listec	020 d as
ecument's effective date on t	he Department of	'State's record	S.					
ecord specifies a delayed eff	ective date, but n	ot an effective	time, at 12:01	a.m. on the earl	er of: (b) Th	e 90th da	y after	the
is filed.								
		2022						
is filed.		- 2022 Jamet						

Filing Fee: \$25.00