L22000381991

(1	Requestor's Name)	
(,	Address)	
(,	Address)	
(1	City/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(Business Entity Name)	
	Document Number)	
Certified Copies	_ Certificates o	of Status
Special Instructions to	Filing Officer:	
	J. HORNE	
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2022 SEP 13 PM 3: 3"

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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

HEAVENSENT BY CLEO LLO	C	
		_
		Art of Inc. File
		LTD Partnership File
		Foreign Corp. File
		L.C. File
		Fictitious Name File
		Trade/Service Mark
		Merger File
		Art, of Amend, File
		RA Resignation
		Dissolution / Withdrawal
		Annual Report / Reinstatement
		Cert. Copy
		Photo Copy
		Certificate of Good Standing
		Certificate of Status
		Certificate of Fictitious Name
		Corp Record Search
		Officer Search
		Fictitious Search
Signature		Fictitious Owner Search
-		Vehicle Search
	-	Driving Record
Requested by: SETH		UCC For 3 File
	Time	UCC 11 Search
Name Date	LIHIC	UCC 11 Retrieval
Walk-In Will Pick	. Up	Courier

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



HEAVENSENT BY CLEO LLC		
(Name of the Limited Liability Comr (A Florida Limited	nany as it now appears on our r I Liability Company)	ccords.)
The Articles of Organization for this Limited Liability Compan Florida document number <u>L22000381991</u>	y were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	bility 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)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he		cords, enter the name of the no
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street o	nddhaes
	гэнсі 1 ин ва мост	
	City	, Florida

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, 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
MGR	BRIONES, RAINIER	6163 FIRESTONE RD.	
		JACKSONVILLE, FL 32244	<u></u>
			■ Change
AMBR QU	QUADRA, CLEOPATRA	6163 FIRESTONE ROAD	
		JACKSONVILLE, FL 32244	□ Remove
		(Updating Cleopatra Address)	☐ Change
			Add
			□ Remove
			☐ Change
			Add
		-	□ Remove
			☐ Change
			⊟ Add
			☐ Remove
			Change
			□ Add
			□ Remove
			☐ Change

			<u>.</u>	
		-		,
				
		.		_ ,
				
ective date, if other than the a effective date is fisted, the date must te: If the date inserted in this blooment's effective date on the De	ock does not meet the applic	cable statutory filing r	(optional) than 90 days after filing equirements, this date	 Pursuant to 605.0207
record specifies a delayed he 90th day after the reco	effective date, but no ord is filed.	ot an effective tim	ne, at 12:01 a.m.	on the earlier o
ed 09/13/202	<u> </u>	·		
	UTW			
	Signature of a member or auth	norized representative of	a member	

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Filing Fee: \$25.00