

L22000400734

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

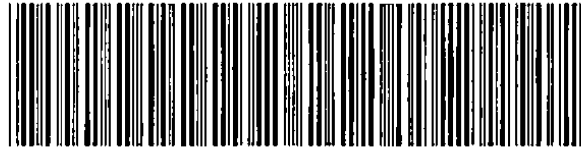
(Document Number)

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JAN - 6 2023

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2023 JAN - 6 PM 2:54  
SECRETARY OF STATE  
TALLAHASSEE, FL

2023 JAN - 5 PM 2:43

Registration Section  
Division of Corporations

ECT: The Heart of A CNA LLC  
Name of Limited Liability Company

nclosed Articles of Amendment and fee(s) are submitted for filing.

2 return all correspondence concerning this matter to the following:

Victoria Bradley

Name of Person

The Heart of A CNA LLC

Firm/Company

221 W Hibiscus Blvd PMB 2031

Address

Melbourne FL 32901

City/State and Zip Code

Victoriashanelle.26@gmail.com

E-mail address: (to be used for future annual report notification)

urther information concerning this matter, please call:

Victoria Bradley

Name of Person

at (321) 586-7671

Area Code

Daytime Telephone Number

(321) 294-9133

osed 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 Address:

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street Address:

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

FILED

2023 JAN -6 PM 2:54

SECRETARY OF STATE  
TALLAHASSEE, FL

The Heart of A CNA LLC

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

Articles of Organization for this Limited Liability Company were filed on 09/13/2022 and assigned  
document number L22000400734.

Amendment is submitted to amend the following:

Amending name, enter the new name of the limited liability company here:

N/A

New name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

For new principal offices address, if applicable:

Principal office address MUST BE A STREET ADDRESS

221 W Hibiscus Blvd

PMB 2031 Melbourne FL  
32901

For new mailing address, if applicable:

Mailing address MAY BE A POST OFFICE BOX

221 W Hibiscus Blvd

PMB 2031 Melbourne FL  
32901

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:

N/A

New Registered Office Address:

Enter Florida street address

Florida

City

Zip Code

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 understand 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.

N/A

If Changing Registered Agent, Signature of New Registered Agent

**= Manager**  
**R = Authorized Member**

Name	Address	Type of Action
er <sup>VB</sup> <del>Victoria Bradley</del> 1 AMBR	221 W Hibiscus Blvd PMB 2031 Melbourne FL 32901	<input checked="" type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
		<input type="checkbox"/> Change
3 <sup>VB</sup> <del>Victoria Bradley</del>	221 W Hibiscus Blvd	<input type="checkbox"/> Add
	PMB 2031 Melbourne FL 32901	<input checked="" type="checkbox"/> Remove
		<input type="checkbox"/> Change
		<input type="checkbox"/> Add
		<input type="checkbox"/> Remove
		<input type="checkbox"/> Change
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amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

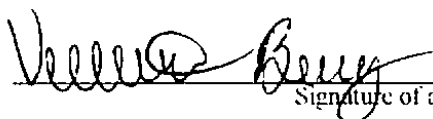
Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the document is filed.

Effective date: 12/06/2022



Signature of a member or authorized representative of a member

Victoria Bradley

Typed or printed name of signee