## 120006677721

(Requestor's N	lame)
(Address)	·
(Address)	
(City/State/Zip/	Phone #)
PICK-UP WA	IT MAIL
(Business Enti	ty Name)
(Document Nu	mber)
Certified Copies Certi	ficates of Status
Special Instructions to Filing Office	er;
Certified Copies	





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217123 V.W SECRETARY OF STATE

2022 NOV 21 PM 2:

## COVER LETTER

TO: Registration Se Division of Cor			•
PILLOW H	IEAVEN MANAGEMENT CO	OMPANY LLC	:
SUBJECT:	Name of Lin	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:	
	VINCENT HOGAN		
		Name of Person	
	PILLOW HEAVEN MAN	AGEMENT COMPANY LLC	
		Firm/Company	
	630 NW 20TH AVE		
		Address	
	POMPANO BCH, FL. 330	069	
		City/State and Zip Code	
	HOGANVINCENT@LIVE		
For further information c	E-mail address: ( oncerning this matter, please c	to be used for future annual report no	irfication)
VINCENT HOGAN		754 3661428	
Name o	f Person	at ()	ne 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)
<u>Mailing Addres</u> Registration S		Street Address: Registration So	ection
Division of C		Division of Co	
P.O. Box 632		The Centre of	
Tallahassee, l	FL 32314	2415 N. Monro	oc Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

, Florida	Zip Code
ETHET F WHAT SHEET AUGIFUSS	
Fator Florida creat address	
e address on our records, <u>enter the n</u>	iame of the new registere
anddraec an our records anton the	in N
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	<u> </u>
	N 2 VI
	Z NOV
**************************************	202
hility Company," the designation "LLC" or th	ne abbreviation "L.L.C."
ibility company here:	
ny were filed on OCTOBER 31, 2022	and assigned
	e address on our records, enter the r

## 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:

or removed from our records:			
MGR = Manager AMBR = Authorized Member			

<u>Title</u>	Name	Address	Type of Action
			□ Add
			□Remove
			□Change
			(2) Add
			☐ Remove
			□ Change
		<del></del> -	CAdd
			□Remove
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			□Change

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ective	date, if other than the date of filing:
<u>te:</u> If i	we 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 605,020 he date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a 's effective date on the Department of State's records.
Milien	s creedite date on the Department of thate's records.
ecord sp is filed.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ted	NOV. 15 2022
	Signature of a member or authorized representative of a member
	VINCENT HOGAN
	Typed or printed name of signee

Filing Fee: \$25.00