L2300077335

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2024 SEP 24 AM 8: 57 SECKETHE GLES HATE



SUBJECT: HOPEFUL HEAVIS DEPAYTMENT, LLC

Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

	TIO HERM	Name of Person TS DEPOYTMENT, L' Firm Company Address	- 1933 1933
		CACH FL 33436 City/State and Zip Code 1040 © AMOLL CON 6 be used for future annual report notit	A ication)
For further information co	ncerning this matter, please ca	ill:	
TIO HEYNAN Nume of		at (321) 431 - Area Code Daytimo	0540 Telephone Number
Enclosed is a check for the	e following amount:		
	□ \$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Section 1 \$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

Moretul Heaves Department LUC (Same of the Limited Liability Company as It now appears on our records.) (A Florida Limited Liability Company)
(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 Lia Florida document number <u>L230000773</u>	bility Company v	vere filed on <u>M</u>	ame change	t and assigned
This amendment is submitted to amend the follow				
A. If amending name, enter the new name of	the limited liabil	lity company here	¥	
The new name must be distinguishable and contain the we	ords "Limited Liabili	ty Company," the des	ignation "LLC" or the abb	reviation "L L C "
Enter new principal offices address, if applica (Principal office address MUST BE A STREE)		Swite 50	gen Ranch 13 16caun., Fl	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I	12361 Hagen Ranch Rd Suite 503 PMB 1115 Boynton Beach, Fl 33437			
B. If amending the registered agent and/or reagent and/or the new registered office address	egistered office a s here:	iddress on our rec	cords, <u>enter the name</u>	e of the new registered
Name of New Registered Agent: New Registered Office Address:	•			registered agent winame chan
		City	, Florida	Zip Code
New Registered Agent's Signature, if changing F	Registered Agent:			
I hereby accept the appointment as registere provisions of all statutes relative to the propactions of my position as registering filed to merely reflect a change in the company has been notified in writing of this	er and complete stered agent as p registered <mark>office</mark>	performance of r provided for in C	ny duties, and Lam f hapter 605, F.S. Or,	lamiliar with and if this document is
	[t Cha	TIQ HO	(NANACE	gistered Agent

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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
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				□Remove
				Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
The current registered agent (Tia Guy)
has Changed her last name. All
references to Tia Guy in the LLC records
Shall now be updated to Tia Hernandez.
SE 924
Z 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
E. 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.
If the 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 ecord is filed.
Dated September 12th, 2024.
Tignature of a member of authorized representative of a member
TIA Hernandez Typed or printed name of signee

Filing Fee: \$25.00