L23000194850

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
,
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



800408009088

05,493,1234 -04012--023 (**25,00

2023 11. 7 - 3 | 11 1 2: 4:3

S. ROBERTS
JUN 2 1 2023

COVER LETTER

Division of Corp				·	
The Heart o	fMAC, LLC			; 	
SUBJECT:	Name of Limi	ted Liability Company		·	
	promise ser remain	nea //ai/iii, ii/iiipini,			
				•	
The enclosed Articles of a	Amendment and fee(s) are sub-	mitted for filing.			
Please return all correspo	ndence concerning this matter	to the following:			
	Maria A Cephas				
		Name of Person			
	The Heart of MAC, LLC			·	•
		Firm/Company		•	
	1000 St Charles Place #110)			
		Address			
	Pembroke Pines, FL 33026			•	٠
		City/State and Zip Code		· .	
	themaccoach@gmail.com			•	
	E-mail address: (to be used for future annual r	eport notification)		
For further information co	oncerning this matter, please co	all:			
Maria A Cephas		754 246 at ()	-3375	., .	
Name of	Person	Area Code	Daytime Telepho	ine Number	
Enclosed is mencel for it	ie following amount:				
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is encl		\$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclo	
Mailing Addres		Street Ad			
Registration S			Registration Section		
Division of C			of Corporatio		
P.O. Box 632	1	The Cer	itre of Tallahas	isce	

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

The Heart of MAC, LLC	hillia i Ci	· · · · · · · · · · · · · · · · · · ·	er e	
(<u>Name of the Limited Liat</u> (A Flor	mility Company rida Limited Lia	as it now appears on our reco bility Company)	<u>ras.</u>)	
The Articles of Organization for this Limited Liability	y Company w	ere filed on 4/19/2023	•	_ and assigned
lorida document number 1.23000194850	·			
his amendment is submitted to amend the following:	::			
a. If amending name, enter the new name of the li	<u>imited liabili</u>	ty company here:	:	
			,	
he new name must be distinguishable and contain the words "I	Limited Liability	Company," the designation "LI	LC" or the abbro	rviation "L.L.C."
inter new principal offices address, if applicable:		1000 St Charles Place #110	· <u> </u>	231
Principal office address MUST BE A STREET AD	DRESS)	Pembroke Pines, FL 33026	·	· ·
				(1)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		1000 St Charles Place #110		43
		Pembroke Pines, Fl. 33026		ر تر
maring undress more marine was to a reasonable	4			
3. If amending the registered agent and/or registe		dress on our records, ente	er the name	of the <u>new regi</u>
gent and/or the new registered office address here	<u>re</u> :		∵.	
Name of New Registered Agent:	<u></u>	*****		
New Registered Office Address: 100	00 St Charles F	Place #110		
	Enter Florida street address			
Pen	mbroke Pines	, 1	Florida 3302	6
		City		Zip Code
New Registered Agent's Signature, if changing Registe	ered 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:

	=		
MCR =	Manager	•	
.,,,,,,,,	irrania Mer	•	

AMBR = Authorized Member

<u>Title</u>	Name	Address		Type of Action
				🗀 Add
			· ·	[]Remove
			•	(T)Change
	·		· · · · · · · · · · · · · · · · · · ·	🗆 Add
				ElRemove
				Change
		-		□Add
			÷.	[]Remove
			: •	
			· · · · · · · · · · · · · · · · · · ·	[]Add
				[]Remove
				□Change
			·	🗆 Add
				EIRemove
				[]Change
				🗆 Aðd
				□Remove
				[*]Channe

	· <u>-</u>
	:
	<i>;</i>
	·:
	·
	· · · · · · · · · · · · · · · · · · ·
fective date, if other than the date of filing:	(optional)
an effective date is listed, the date must be specific and cannot be prior to date of filin ote: If the date inserted in this block does not meet the applicable statutor	ng or more than 90 days after filing.) Pursuant to 605.0207 (3 y filing requirements, this date will not be listed as th
ocument'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
f is filed.	
Pated	
00 0	
Signature of a member of activorized represe	entative of a member
Organizate (And Member 1) Indiana (April 1)	
Maria A Cephas	

Filing Fee: \$25.00