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(Requestor's Name)
(Address)
(Address)
(Čity/State/Zip/Phone #)
(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name)
(Business Entity Name)
(Document Number)
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COVER LETTER

TO:

TO: Registration So Division of Cor			
SUBJECT: Hed	en Holdings L	LC	
SUBJECT	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Warren Cay	Name of Person	
		Firm/Company	
	5285 Bluebe	erry Hill Ave	
	Lake Worth	FI 93463 City/State and Zip Code	
	E-mail address: ()	to be used for future annual report noti	fication)
For further information c	oncerning this matter, please co	all:	
Warren	Coijuste	at (<u>Lal</u>) <u>J. 15</u> –	- 7976 e Telephone Number
Name	a reison	Area Code Paytini	e reiepikine reiminei
Enclosed is a check for the	he 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		<u>Street Address:</u> Registration Se	ction
Division of C	Corporations	Division of Cor	porations
P.O. Box 632 Tallahassee.		The Centre of T 2415 N. Monro	'allahassee e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limi	ted Liability Company as it r (A Florida Limited Liability C	iow appears on c Company)	our records.)	
The Articles of Organization for this Limited L		led on <u>5/</u> 2	2/2023	and assigned
This amendment is submitted to amend the foll	owing:			
A. If amending name, enter the new name o	f the limited liability cor	mpany here:		
The new name must be distinguishable and contain the v	vords "Limited Liability Comp	pany," the designa	ation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applic	eable:			2023
(Principal office address MUST BE A STREE	T ADDRESS)			
Enter new mailing address, if applicable:				
Mailing address MAY BE A POST OFFICE	<u>BOX)</u>			<u> </u>
B. If amending the registered agent and/or agent and/or the new registered office addre		on our record	ls, <u>enter the na</u>	me of the new regist
Name of New Registered Agent:	Warren Ca	juste		
New Registered Office Address:	52-85 Bluet	erry HIVI Enter Florida st	AVC	
	Lake We	orth	, Florida _	33463

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
			□Add
			□Remove
			□Change
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			□ Remove
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ective date, if other than the date of filing:	(optional)	
effective date is listed, the date must be specific and cannot be p	rior to date of filing or more than 90 days after filing.) Pursuant	to 605.02
e: If the date inserted in this block does not meet the apument's effective date on the Department of State's reco	plicable statutory filing requirements, this date will not b rds.	e listed (
cord specifies a delayed effective date, but not an effective filed.	re time, at 12:01 a.m. on the earlier of; (b) The 90th day	y after th
Morces Couste	3.	
W. Codustr		
Sumature of a member or e	minarized representative of a member	

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