L23000248317

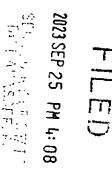
(Requestor's Name)	
(Address)	-
(Address)	
(City/State/Zip/Phone	#)
PICK-UP WAIT	MAIL
(Business Entity Nam	e)
(Document Number)	
Certified Copies Certificates	of Status
Special Instructions to Filing Officer.	الاس

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COVER LETTER

Division of Corpo	orations		
SUBJECT: <u>Heave</u>	enly Hocks C	tochet LLC	
	mendment and fee(s) are sub-		
	Tanisha	Name of Person	
	Heavenl	y HOKS CYOCKET	,uc
	P.O. Px	X 15 644	
	Tampo heavenly	City/State and Zip Code OKSCYCLACT30 o be used for future annual report noti	amail cam
For further information cor	ncerning this matter, please ca	ill:	
Tanisha W	atsn	27. 813 373 - Daytim	- 4 () re Telephone Number
Enclosed is a check for the	following amount:		
☐ \$25.00 Filing Fee	☐ S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Conv (additional copy is enclosed)
Mailing Address: Registration Se Division of Co	ection	Street Address: Registration Se Division of Cor	
D () D (227	-	771 () (77	-

P.O. Box 6327 Tallahassee. FL 32314

;

TO: Registration Section

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability C (A Florida Lin	Company as it now appears on on its Liability Company)	ur records.)		
The Articles of Organization for this Limited Liability Com Florida document number <u>L23000248317</u> .		,	and ass	igned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited	l liability company here:			
The new name must be distinguishable and contain the words "Limited	Liability Company," the designa	tion "LLC" or the abbrev	riation "L.	L.C.
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRES	<u>s</u>			
		2 () 2 () 2 ()	2 023 SE	
Enter new mailing address, if applicable:			_ 	
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>	_ 	
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	ffice address on our record	ls, enter the name of	f this nev	v registered
Name of New Registered Agent:		- · · · ·		
New Registered Office Address:				
	Enter Florida str	eet address		
		, Florida	Zıp Code	
	City	•	гар Сове	

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
MGRM	Tanisha Luutson	5510 N. Himas Ave Apt 308	_ IDAdd
		Tampa, FL 331014	□Remove
			□Change
			□Add
			□Remove
			🗆 Change
	.		🗀 Add
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(If an efi <u>Note:</u>	ive date, if other than the date of filing:
If the recor	d 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 led.
Dated	August 16 2023
	Signature of a member or authorized representative of a member
	Tanisha Watson Typed or printed name of signee

Filing Fee: \$25.00