# 00326582

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
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(Business Entity Name)
(Document Number)
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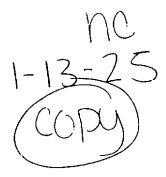


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SECRETARY OF STATE TALLAHASSER, FL







## FLORIDA DEPARTMENT OF STATE Division of Corporations

December 17, 2024

SHERRI MIKITA 11944 VALENCIA CT SEMINOLE, FL 33772 US

SUBJECT: TRIGIRL MED SALES LLC

Ref. Number: L23000326582

We have received your document for TRIGIRL MED SALES LLC and your check(s) totaling \$52.50. However, the enclosed document has not been file and is being returned for the following correction(s):

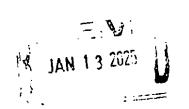
The form you submitted is for a CORPORATION, but your entity is a LLC. Ple complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please (314) (850) 245-6050.

Morgan E Lovett Regulatory Specialist II

Letter Number: 324A00027413



# COVER LETTER

Registration Section Division of Corporations	
T: Trigirl Med Sales LLC Name of Limited Liability Company	
sed Articles of Amendment and fee(s) are submitted for filing.	
urn all correspondence concerning this matter to the following:	
Sherri Mikita  Name of Person	
Trigic Med Sales CCC Firm/Company	
11944 Valencia Ct.	
Seminale, FL. 33772  City/State and Zip Code  +rigir/Sherri Dyahoo. com  E-maileadtress: (to be used for future annual seport notification)	Ţ, .a.
er information concerning this matter, please call:	
Name of Person at (813) 453-9330 The State of Person Daytime Telephone Number The State of Person Name of Person Daytime Telephone Number	,
rious Check #161 \$52.50 is a check for the following amount: Sending additional \$2.50 for  10 Filing Fee	
	r: Trigicl Med Sales U.C.  Name of Emitted Liability Company  sed Articles of Amendment and fee(s) are submitted for filing.  urn all correspondence concerning this matter to the following:  Sherri Mikita Name of Person  Trigicl Med Sales U.C.  Firm/Company  11944 Valencia Ct. Address  Seminale FL 33772  City/State and Zip Code  + rigir Sherri Dyahoo. com  Emailtaghress! (to be used for future annual sport matification)  Emailtaghress (to be used for future annual sport matification)  Firm Company  at (813), 453-9330  Firm Company  Trigicl Med Sales U.C.  Firm/Company  11944 Valencia Ct. Address  Seminale FL 33772  City/State and Zip Code  + rigir Sherri Dyahoo. com  Emailtaghress! (to be used for future annual sport matification)  Firm Company  Emailtaghress (to be used for future annual sport matification)  Firm Company  Example Company  Firm

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

Trigirl Med Sales L(C Same of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
The Articles of Organization for this Limited Liability Company were filed on July 23 2023 and assigned
Florida document number <u>L23000326582</u>
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
Passionate Hearts LLC  The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office address on our records, enter the name of agent and/or the new registered office address here:    Name of New Registered Agent:   New Registered Office Address:   Enter Florida street address
, Florida
City Zip Code
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
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			□Change
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Filing Fee: \$25.00