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TO: Registration Section Division of Corporations		4	·n.	à »
SUBJECT: HEART	S HUSERU Name of Limited	1 Lability Company		
The enclosed Articles of Amendmen	t and fee(s) are submi	tted for filing.		
Please return all correspondence con	cerning this matter to	the following:		
/AT	RKIA (TRU	NA.MARTIA	970	
H	EAR & NUI	Stry He, U		
\mathcal{Q}	iuo SW	130th Ave		
	PMIE,	R 3334	5	
	TM4622	City State and Zip Code O / C / U) · C / O De used for future annual report no	$\frac{954}{\text{otification}}$	6443940
For further information concerning the	his matter, please call:			
VINCENT PULCIN Name of Person	71	at (<u>JSY) </u>	1-0999 ime Telephone Number	
Enclosed is a check for the following	amount:			
	0 Filing Fee & ificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (e of Status &

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

HEARTSNURSERYLIFE, LLC

The Articles of Organization for this Limited Liability Company	were filed on	and assigned
Florida document number <u>C23000408055</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	following: the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." policiable: REET ADDRESS) CCE BOX) Cor registered office address on our records, enter the name of the new registered ldress here: Enter Florida street address City Zip Code	
The new name must be distinguishable and contain the words "Limited Liabili	ity 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)		7. 2
Enter new mailing address, if applicable:		78 TB
(Mailing address MAY BE A POST OFFICE BOX)		
Maning address MAT BE A POST OF FICE BOX		

B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	auress on our records, <u>enter t</u>	ne name of the new registe
Name of New Registered Agent:		
New Registered Office Address:	Futer Florida stroot address	
	Liner i wind sireer deures.	
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
hereby accept the appointment as registered agent and agre	re to act in this capacity. I furt	ther agree to comply with

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>	Name	Address	Type of Action
<u>MGR</u>	PAIRICIA MARTIANO	900 SW 130th AVE	□Add
		GUO SW 130th AVE DAVIE, PL 33325	□Remove
			Change
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· · · · · · · · · · · · · · · · · · ·	effective date, but not an effective time, at	12:01 a.m. on the carlier of: (b)	The 90th	day after the
is filed. ned <u>SEPLM</u>	on 8th 2023			
	Signature of a member or authorized of	DUMO epresentative of a member		
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		7.4° (1.1/1.14) x		

Filing Fee: \$25.00