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COVER LETTER

Division of Corporation	15		
SUBJECT: Hearts	That Grou	DS LLC Liability Company	
The enclosed Articles of Amenda	nent and fee(s) are submit	ted for filing.	
Please return all correspondence of	concerning this matter to	he following:	
<u> </u>	Winnie Ma	Name of Person	
	Hearts T	hat Grows L	LC
	2213 To	Hyddress W	Jay
	Braden	ton FL. 342 City/State and Zip Code	08
He	arts That Grou E-mail address: (10 t	e used for future annual report not	l. Com
For further information concernir	ng this matter, please call:		
Winnie Mat	thews	at (941) 962 Area Code Daytin	-8408 ne Telephone Number
Enclosed is a check for the follow	ving amount:		
<u> </u>	30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our liability Company)	records.)
The Articles of Organization for this Limited Liability Company Florida document number	were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
he new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		. 20
Principal office address MUST BE A STREET ADDRESS)		24
		AR
		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Cuter new mailing address, if applicable:		
Mailing address MAY BE A <u>POST OFFICE BOX)</u>		
Mulling warress Mill BE Will Got GI Free 20.19		- <u></u>
3. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records	, enter the name of the new registe
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida stre	ei address
		, Florida
	City	, Florida 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 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
MG-R	Winnie Matthews	2213 Tally Breeze Way Bradenton, 7L 34200	Add
			□Remove
			□ Change
AMBR	Earl Matthews	Dradenton, FL. 34208	□Add
			□Remove
			Change
			□Add
			□Remove
			□Change
	<u> </u>		
			□Remove
			Change
			□Add
			□Remove
			Change
			🗀 Add
			Remove
			Change

1 amei	iding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Note:	ive date, if other than the date of filing:
e recoi rd is fi	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	February 2ntm, 2024.
	Signature of a member or authorized representative of a member
	Winnie Matthews