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COVER LETTER

TO: **Registration Section Division of Corporations**

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HARD HATS & HEELS DEVELOPMENT LLC

SUBJECT:

۰,

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Maria Torres Pereira

Name of Person

HARD HATS & HEELS DEVELOPMENT LLC

Firm/Company

11175 Jasmine Hill Circle

Address

Boca Raton F1. 33498			2026
	City/State and Zip Code		
marytq3@hotmail.com		-1	(Taxat
E-mail address	s: (to be used for future annual report notification)	 	_ កា
For further information concerning this matter, please	e call:	'n	H D
Maria Torres	954 540-9819 at (-e::	58

Area Code

Name of Person

Enclosed is a check for the following amount:

S25.00 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)

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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

Daytime Telephone Number

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HARD HATS & HEELS DEVELOPMENT LLC

(Name 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 $\frac{02/19/2024}{1.24000085993}$ and assigned Florida document number $\frac{1.24000085993}{1.24000085993}$.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

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, <u>enter the name of the new registered</u> agent and/or the new registered office address here:

Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addre	255
		'lorida
	Cin	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

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If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> being added or removed from our records:

MGR = Manager AMBR = Authorized Member

Type of Action Address Title Name Me My Angelica Pascoe 2195 NE 55TH STREET ____ 🗌 🖂 🔤 FORT LAUDERDALE, FL 33308 _____
Remove Change _____□Add . □ Grange 2.1 MAY La DAdd □Re00: *i*n 15 _____ 🗆 🔤 🔤 🖓 dd _____ 🗌 Change _____ 🖸 Add _____ 🖸 Change _____ 🗋 Add Change

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(lf an ef Note:	tive date, if other than the date of filing: fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after fi If the date inserted in this block does not meet the applicable statutory filing requirements, this of nent's effective date on the Department of State's records.	ling.) Pursuant to 605.0	207 (3)(h) Las the
If the reco record is f	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) iled.	The 90th day after t	he

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated April 26th 2024

Maria Torres Pereira

Signature of a member or authorized representative of a member

Maria Torres Pereira

Typed or printed name of signee

Filing Fee: \$25.00