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(Re	equestor's Name)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





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COVER LETTER

TO: Registration Division of C	Section Corporations		
SUBJECT:	Luminous H.	eart Enter.prises	LLG
		ed Liability Company	
The enclosed Articles	of Amendment and fee(s) are subn	nitted for filing.	
Please return all corre	spondence concerning this matter t	o the following:	
		Aleen Iturral	de
		S Heart Enterpri	
	12344 SN) 115th Terrace Address	
	Miami, [City/State and Zip Code val de (a) live. (0 m) be used for future annual report notif	
	E-mail address: (to	o be used for future annual report notif	ication)
For further information	on concerning this matter, please ca	11:	
	Thursolde ne of Person	at (786) 368-	12 \ 7 e Telephone Number
11111	ic or reason	And code Dayunk	receptone (vance)
Enclosed is a check for	or the following amount:		
☑\$25.00 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)
P.O. Box 6	on Section f Corporations	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monroe Tallahassee, FL	porations allahassee e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(A FIOROS LIMIC	npany as it now appears on our records.) ed Liability Company)
The Articles of Organization for this Limited Liability Comparison document number <u>L24000122933</u>	any were filed on 3/11/2024 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited li	ability company here:
The new name must be distinguishable and contain the words "Limited Lia	ability 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)	<u> </u>
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	-
	ce address on our records, enter the name of the new regis
	ce address on our records, enter the name of the new regis
agent and/or the new registered office address here:	ce address on our records, enter the name of the new regis

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
AMBR	Aileen Imrvalde	12344 SW115th Terrace	_ 🗄 Ádd
		Miami, FL 33186	□Remove
			□Change
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an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 lote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a ocument's effective date on the Department of State's records. record 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 list filed. Signature of a member of authorized representative of a member							 	
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