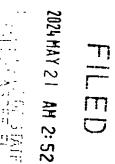


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COVER LETTER

	gistration Se cision of Cor			
SURTECT:		HEART PSL LLC		
SUBJECT: 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 DIANA WITMER Name of Person Firm/Company 10308 SW DISCOVERY WAY100 Address PORT ST LUCIE FL 34987 City/State and Zip Code LDKCARMELAPSL@GMAIL.COM 1:-mail address to be used for future annual report notification) For further information concerning this matter, please call:				
The enclosed	d Articles of	Amendment and fee(s) are subj	mitted for filmg	
Please return	nall correspo	ndence concerning this matter	to the following	
		DIANA WITMER		
			Name of Person	
			Firm/Company	
		10308 SW DISCOVERY V	VAY100	
		PORT ST LUCIE FL 3498		
		LDKCARMELAPSL@GM.		
		l:-mail address ()	to be used for future annual report noti	fication)
for further i	nformation c	oncerning this matter, please ca	all.	
DIANA WI			954 655-3189 at ()	
	Name o	l Person	Area Code Daytim	e Telephone Number
Enclosed is a	a check for th	se following amount.		
₩ \$25.00 F	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 raddmonal copy is enclosed

Mailing Address: Registration Section Division of Corporations P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ility Company were filed on 04/26/2024 and assigned ing: the limited liability company here: Is "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Ie: 4DDRESS)	CARMELA HEART PSL LLC (Name of the Limited Liability Company as it now appear (A Florida Limited Liability Company)	ars on our records.	
ing: the limited liability company here: Is "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Ite: ADDRESS) To So So Do To So So Do To So			
le: ADDRESS) ADDRESS ADDRES	he Articles of Organization for this Limited Liability Company were filed on $\frac{0}{2}$	4/20/2024	and assigned
le: ADDRESS) ADDRESS ADDRES	lorida document number L24000197374		
le: ADDRESS) 21 22 33 34 35 35 35 35 35 35 35 35	his amendment is submitted to amend the following:		
E:	. If amending name, enter the new name of the limited liability company b	<u>nere</u> :	
E:	St. HEART COFFEE LLC		
ADDRESS) 10 20 HA T	ne new name must be distinguishable and contain the words "Limited Liability Company," the	designation "LLC" or the abbrev	iation "L.L.C."
ADDRESS) 10 20 HA T	uter new principal offices address, if applicable:		
MAY 21 AH 2	••		70.
N2	rincipal office address MUST BE A STREET ADDRESS)		<u> </u>
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<u>.™cs </u>	nter new mailing address, if applicable:	のご: (2元)	
11-11 ·	Tailing address MAY BE A POST OFFICE BOX)	in co	
		# <u>#</u>	**
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	nter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX) If amending the registered agent and/or registered office address on our gent and/or the new registered office address here:	rece	ords, enter the name of
	Name of New Registered Agent	<u> </u>	
<u> </u>	New Registered Office Address		
.		orala street address	<u> </u>
Enter Flornla street address			

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 hability company has been notified in writing of this change.

Cin

Zıp Code

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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nted M		Signaltæciól a n	nember or author	ized representative of	t'a member		