24000233887

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
,,
(Document Number)
·
Codifical Conics
Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



700429991547

7024 JUN 20 FN 2: 05

RECEIVED
20
2024 JUN 18 PH 1: 38



COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Heaven Gates LLC. Name of Limited Liability Company
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:
Emancia Campbell
Name of Person
Firm/Company
419 North Federal Highway
Address
Hullandale Beach FL 33009
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Emancia (ampbell at (984), 7701651 Name of Person Area Code Daytime Telephone Number
And Code Obyvinie Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee,
Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address: Street Address:
Registration Section Registration Section

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

FILED

Heaven	Gates	LLC.		2024 JUN 20	PH 2: 05
	(Name of the L	imited Liability C (A Florida Lia	ompany as it now appears on ounited Liability Company)	r records.)	- CITE
The Articles of Organization Florida document number	for this Limite 24000 2	d Liability Com	pany were filed on OS/20	0/2024 an	d assigned
This amendment is submitted	to amend the	following:			
A. If amending name, enter Heaven Gares		ic of the limited	l liability company here:		
The new name must be distinguished	able and contain	the words "Limited	Liability Company," the designati	on "LLC" or the abbreviation	on "L.L.C."
Enter new principal offices	address, if ap	plicable:			
(Principal office address ML	<u>IST BE A STI</u>	REET ADDRES	<u> </u>	<u>, , , , , , , , , , , , , , , , , , , </u>	
Enter new mailing address, (Mailing address MAY BE A B. If amending the register	<u>I POST OFFI</u>	(CE BOX)	FG-and-delegation and delegation and		
agent and/or the new regist	ered office ad	dress here:	ince address on our records	s, enter the name of th	e new registere
Name of New Regi	stered Agent:				
New Registered Of	fice Address:			_	
			Emer Florida stre	tet address	
				, Florida	
Now Decistored Counts Cine		D	City	Zip	Code
New Registered Agent's Sign					
I hereby accept the appoint provisions of all statutes re accept the obligations of m	lative to the j	proper and con	plete performance of my di	ities, and I am familio	ar with and

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>	<u>Name</u>	Address Type of Action
AMBR	Byan Ffrench Jr.	419 North Federal Highway Dadd
		Hallandale Beach FL 33009 Remove
		□Change
;· 		□Add
.f		□Remove
	-	□Add
		DRemove
		Remove
		Change
		□Remove
		□Change
•		
		☐ Change

lfam	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
lfan d <u>Note</u>	ctive date, if other than the date of filing: (optional) (fective 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 605.0207 (If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as a ment's effective date on the Department of State's records.
e rec ord is	ord 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 filed.
Date	June 20 2024
	temonora Campbell
	Signature of a member or authorized representative of a member
	Emancia (compheli

Filing Fee: \$25.00