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(Re	equestor's Name))
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	ie #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number)
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	





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13 HUNTS 04/66/24

COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	HEART 2BREATHS Name of Limit	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Dion	Name of Person	
	HEART 2B	REATHS LLC.	
	18459 Pin.	es Blvd, Suite	# 444
	Pembroke	City/State and Zip Code	29
	HEART 2 BR E-mail address: (1	EATHS @ 6 MAIL . o be used for future annual report notif	COM -
For further information of	concerning this matter, please ca	ill:	
Dionne o	ChiN f Person	at (<u>954</u>) <u>997 Area Code Daytime</u>	- 6299 Telephone Number
Enclosed is a check for the	he following amount:		
S 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)

1.

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 Limite	2 BREATHS LLC of Liability Company as it now A Florida Limited Liability Con	appears on our records.)	.	
The Articles of Organization for this Limited Lis		on Augusi 19	5 <u>, 2 ° 2</u>	_4 and assi	gned
This amendment is submitted to amend the follo	wing:				
A. If amending name, enter the new name of	the limited liability comp	any here:			
HEART 2 BREAT The new name must be distinguishable and contain the we	THS INT'L preds "Limited Liability Company	LLC. y," the designation "LLC"	or the abbre	eviation "L.I	C."
Enter new principal offices address, if applica	ıble:	.			
(Principal office address MUST BE A STREE	T ADDRESS)			7-7	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I	<u></u>		LEAST SEE, FL	-6 fil 7 2	; ;
B. If amending the registered agent and/or reagent and/or the new registered office addres	C7	ı our records, <u>enter t</u>	ਾਜ he name	∞ of the new	registered
Name of New Registered Agent: New Registered Office Address:	Dionne 18459 Pines	ChiN BLVD Sunter Florida street address	rite \$! 44 5	
	Pernbroke F	, Flor	rida	330 Zip Code	<u> </u>

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
MGR	Dionne Chin	18459 Pines Blud, Suite#	4440xda
		Pembroke Pines f/330;	29 □Remove
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		 	□Remove
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ective date, if other than the date of filing: effective date is listed, the date must be specific and cae: If the date inserted in this block does not meaument's effective date on the Department of Sta	et the applicable s	15, 2024 c of filing or more that tatutory filing requ	(optional) 190 days after filing. Frements, this date) Pursuai will not	nt to 605 t be list
cord specifies a delayed effective date, but not ar sfiled.	n effective time, a	t 12:01 a.m. on the	earlier of: (b) Th	e 90th c	lay afte
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A	<u>.</u>	representative of a m			