

1123000014071

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

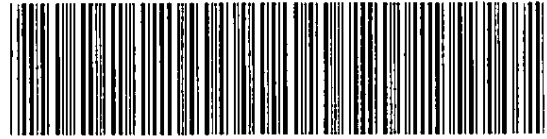
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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12/02/24

**WRITTEN CONSENT TO CHANGE ALTERNATE NAME FOR USE IN THE  
STATE OF FLORIDA**

We, the undersigned, do hereby certify that I am the Authorized Person  
of **LOVING HEART P.L.L.C.**

(Name of Limited Liability Company)

a limited liability company duly organized and existing under the laws of

## Washington

(State or Country of Organization)

Because the name of this foreign limited liability company does not satisfy the requirements of the s. 605.0112, F.S., the limited liability company hereby adopts the following name to transact business in the state of Florida:

Loving Heart Clinic LLC

(Name to be used by limited liability company in Florida. NOTE: Name must contain Limited Liability Company, L.L.C., or LLC.)

Signature Authorized Person

Date \_\_\_\_\_

CR2E122 (12/13)

THE STATE  
OF MISSISSIPPI

Att 10: 34

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