(Requestor's Name)	
(Address)	000428
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	0\$/01/24010:
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	

Office Use Only



653030

9--012 **35.00

COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

HEART LIKE HAINAME OF CORPORATION:	RLIE, INC.			
N22000001844 DOCUMENT NUMBER:				
The enclosed Articles of Amendment and fee are sul	bmitted for filing.			
Please return all correspondence concerning this mat				
Matthew S, McRoberts				
	(Name of Contact Person	 ບກ)		
Nelson Mullins Riley & Scarborough				
	(Firm/ Company)		·	
5811 Pelican Bay Boulevard, Suite 204				
	(Address)			
Naples, F1, 34108				
	(City/ State and Zip Co	de)		
matthew.mcroberts@nelsonmullins.com				
E-mail address: (to be use	ed for future annual repor	t notification	1)	
For further information concerning this matter, pleas	e call:			
Matthew S. McRoberts	2	39	325-0416	
(Name of Contact Perso	n) (¿	Area Code)	(Daytime Telephone Nur	nber)
Enclosed is a check for the following amount made p				
■ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certif Certif	D Filing Fee icate of Status ied Copy tional Copy is ised)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	Amer Divis:	t Address ndment Section of Corpo Centre of T	orations	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

HEART LIKE HARLIE, INC. (Name of Corporation as currently filed with the Florida Dept. of State) N22000001844 (Document Number of Corporation (if known) Pursuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name. B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Capitol Corporate Services, Inc. Name of New Registered Agent: 515 East Park Avenue, 2nd Floor (Florida street address) New Registered Office Address: Tallahassee , Florida 32301 New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Jared Margerison, Asst. Secretary on behalf of Capitol Corporate Services, Inc.

Signature of New Registered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

 $P = President; \ V = Vice \ President; \ T = Treasurer; \ S = Secretary; \ D = Director; \ TR = Trustee; \ C = Chairman or Clerk; \ CEO = Chief Executive Officer; \ CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.$

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change X Remove X Add	PT John Do V Mike Jo SV Sally Si	ones	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add			
Remove			
2) Change Add			
Remove 3) Change Add Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or addi (attach additional she	ng additional Ari ets, if necessary).	ticles, enter change(s) here: (Be specific)	

-		

		•
		ú
The date of each amendment(s) adoption date this document was signed.	::, if other th	
Effective date if applicable:		
((no more than 90 days after amendment file date)	
Note: If the date inserted in this block does document's effective date on the Departme	s not meet the applicable statutory filing requirements, this date will not be listed as t nt of State's records.	he
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted was/were sufficient for approval.	by the members and the number of votes east for the amendment(s)	

Dated	4-16-2024		
Signature	(By the chairman or vice chairman of the board, pre- have not been selected, by an incorporator – if in the	esident or other officer-if directors	
	other court appointed fiduciary by that fiduciary) June Smith	ne hands of a receiver, inistee, or	
	(Typed or printed name	of person signing)	
	President		
	(Title of per	rson signing)	
			;
			1
			•
			•

			1% A
			- Series
, 3, ,-		-, . d	
	The state of the state of	3.5 × (+++) 2.5 3.5	4,359

AV THE LES

. .