L12000080447

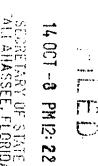
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COVER LETTER

TO: Registration Section Division of Corpo			
SUBJECT: PROP	ERTY HERO	ES LLC	
SUBJECT:		ited Liability Company	
The enclosed Articles of An	nendment and fee(s) are sub-	mitted for filing.	
Please return all correspond	ence concerning this matter	to the following:	
	Nicholas Bo	ris	
		Name of Person	-
	Brian Palme	r Accounting	
		Firm/Company	•
	2937 Bee Ri	idge Rd Ste 2	
		Address	
	Sarasota, Fl	_ 34239	
	palmercpa@com	City/State and Zip Code	
		to be used for future annual report notif	ication)
For further information con-	cerning this matter, please ca	all:	
Nicholas Boi	ris	at 941 92247	'44
Name of P	erson		Telephone Number
Enclosed is a check for the	following amount:		
■ \$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

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

PROPERTY HEROES LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

(XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	a manny company)	
The Articles of Organization for this Limited Liability Compar	ny were filed on 06/08/2012	and assigned
Florida document number L12000080447		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	ability company here:	
The new name must be distinguishable and end with the words "Limited Li	ishility Company " the designation "I	I C" or the abbreviation "L L C"
	4678 Ashton Rd	on the device ration of the
Enter new principal offices address, if applicable:	Sarasota, FL 34233	
(Principal office address MUST BE A STREET ADDRESS)	04/45514, 12 0 1255	
Enter new mailing address, if applicable:	4678 Ashton Rd	
(Mailing address MAY BE A POST OFFICE BOX)	Sarasota, FL 34233	
registered agent and/or the new registered office address he Name of New Registered Agent:	ere:	
New Registered Office Address:		
	Enter Florida street addi	ress
- 		FloridaZip Code
New Registered Agent's Signature, if changing Registered Agen	·	sip code
		forther agree to comply with the
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent a being filed to merely reflect a change in the registered offic company has been notified in writing of this change.	te performance of my duties, s provided for in Chapter 60: ce address. I hereby confirm	and I am familiar with and 5. F.S. Or, if this document is that the limited liability
If Ch	nanging Registered Agent, <u>Signatur</u>	J /
Page	e 1 of 3	SEE FI

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = M $AMBR = A$	Aanager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
			Remove
			Remove
			□ Add
			Remove
			□ Add
			□ Remove
			CRETABLY Add
			SEE. FLORIDA

f amending any other information, o	enter change(s) here: (Attach additional sheets, if nece	ssary.)

the date this document is filed by the Florida D	rior to date of receipt or filed date and cannot be more than 90 days a	onal) fter
Dated September 30	2014	
Dm 12	nuet	
David Drewett	ure of a member or authorized representative of a member	
	Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00