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2017, MAY -8 AM 10: 18
SECRETARY OF STATE

J. HARRIS

COVER LETTER

TO: Registration S Division of Co		ó,	
SUBJECT:	Aero Name of Lim	SUPPLIET, Anited Liability Company	LLC
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Fran	CIS Calder	<u>a</u>
	Aer	Name of Person O Supplier Firm/Company	· · · · · · · · · · · · · · · · · · ·
	5442 M	N 110 Avenue Address	
	<i>Do</i>	City/State and Zip Code Coldera e ho to be used for future annual report notif	3178
	E-mail address: (to be used for future annual report notif	fmail.com
For further information of	concerning this matter, please co		
Fe/ipe Name o	Caldera	at (305) 790- Area Code Daytime	Telephone Number
Enclosed is a check for t	he 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

TO ARTICLES OF ORGANIZATION OF

HEROSUPP/1	ER, LLC	<u> </u>
(Name of the Limited Liability Compa (A Florida Limited	_	•
The Articles of Organization for this Limited Liability Company	were filed on	2013 and assigned
Florida document number <u>L/3000001473</u> .	, ,	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		7 S. 28
	the state of the s	<u> </u>
Enter new mailing address, if applicable:		SEC -
(Mailing address MAY BE A POST OFFICE BOX)		
		5 0
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		, enter the name of the nev
	-	
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	· · · · · · · · · · · · · · · · · · ·
	Flo	orida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agr	ree to act in this capacity. I fur	ther agree to comply with the
provisions of all statutes relative to the proper and complete		
accept the obligations of my position as registered agent as	proviaea jor in Unapter 605, i	r.s. Or, y inis aocument is

If Changing Registered Agent, Signature of New Registered Agent

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.

or removed from our records: MGR = Manager AMBR = Authorized Member **Title** Name **Address Type of Action** 1717 N. Bayshore Drive Miami, Florida 33132 MGR Mayra Insua M Add ☐ Remove ☐ Change □ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change ☐ Remove

☐ Change

Effective date, if other than the date of filing:							
Effective date, if other than the date of filing: (Optional) If an effective date is Black, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3); Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. The effective date and the department of the end o					······································		
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Francis S. Caldera	Dated <u>Apri</u>	1 28	3017			2017, H Sec.	
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