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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	_
(Cit	y/State/Zip/Phone	e #)
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oci 20 2016 J. HARRIS

COVER LETTER

SUBJECT:	FUTUR HE	EROS LLC - AMENDMENT (CHANGE OF NAME	
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		OLIVIER ROLAND		
			Name of Person	
		FUTUR HEROS LLC		
			Firm/Company	
		8551 W SUNRISE BLVD	, SUITE 100	
		-	Address	-
		PLANTATION, FL 33322	2	
			City/State and Zip Code	
		admin@hodeba.com		
		E-mail address: (to be used for future annual report notifi-	cation)
For further in	nformation co	oncerning this matter, please ca	all:	
Monique J J	oret		954 452-0030 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a	ı check for th	e following amount:		
□ \$25.00 F	iling 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

TO:

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

FUTUR HEROS LLC		
(<u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appears on our records a Limited Liability Company)	<u>.)</u>
The Articles of Organization for this Limited Liability C	Company were filed on 01/14/2014	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
QUE ISSO LLC		
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		13. 20 E
(Principal office address MUST BE A STREET ADD)	RESS)	D 0
		- Inneren
		52 9 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		22 . .
		> 1
B. If amending the registered agent and/or registered agent and/or the new registered office add Name of New Registered Agent:		, enter the name of the new
New Registered Office Address:		
	Enter Florida street address	
	, Flo	rida
	City	Zip Code

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 Changing Registered Agent, Signature of New Registered Agent

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 = M $AMBR = A$	anager uthorized Member ,		-
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
		 	Remove
			□ Change
			□ Add
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	N/A			
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		· · · · · · · · · ·		
(If an e	tive date, if other than the date of filing:	pant to 605.0 not be listed	0207 (3)(b 1 as the)
the re	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the	ne earlie	r of:	
the re	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the 90th day after the record is filed.	ne earlie	r of:	
the re	90th day after the record is filed. October 14	ne earlie	r of:	
the re	90th day after the record is filed. October 14	ne earlie SE	2015	Eggi-sa-frak
the re	90th day after the record is filed. October 14	SLONE D	201	
the re) The	October 14 Signature of a member or authorized representative of a member Olivier ROLAND	SECAL JARY	2015	
he re	October 14 Signature of a member or authorized representative of a member	SLORE JARY TALLAHASS	2015 OCT	eten.

Filing Fee: \$25.00