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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

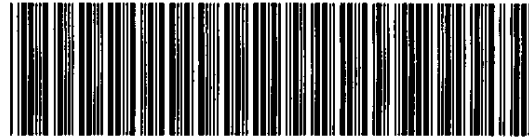
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL 32399

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T CLINL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Heroes Rewards, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Bruce A. Griffy

Name of Person

Third Down Capital, LLC

Firm/Company

285 Atlantis Cir Unit 306G

Address

St. Augustine, FL 32080

City/State and Zip Code

bgriffy@thirddowncapital.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Bruce A. Griffy

Name of Person

at (904) 540-1393

Area Code

Daytime 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

SECRETARY OF STATE
TALLAHASSEE, FL 32301

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

Heroes Rewards, LLC

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

The Articles of Organization for this Limited Liability Company were filed on 2/12/14

Florida document number L14000024112

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SECRETARY OF STATE
RELEASED

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Third Down Capital, LLC

The new name must be distinguishable and end with the words "Limited Liability 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)

285 Atlantis Cir Unit 306G
St. Augustine, FL 32080

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

285 Atlantis Cir Unit 306G
St. Augustine, FL 32080

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

285 Atlantis Cir Unit 306G

Enter Florida street address

St. Augustine, Florida 32080

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 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 = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input checked="" type="checkbox"/> Add
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STATE
SECRETARY'S OFFICE
FALLS CHURCH, VIRGINIA

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Change Address for MGR Member
Bruce A. Griffy
285 Atlantis Cir Unit 306G
St. Augustine, FL 32080

SECRETARY OF STATE
ALBANY, NY 12242-1100

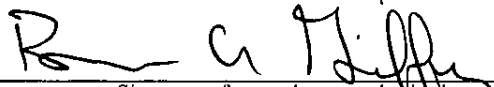
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E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated Oct 31, 2014



Signature of a member or authorized representative of a member

Bruce A. Griffy

Typed or printed name of signee