L16000061343

(Re	equestor's Name)	
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COVER LETTER

	gistration Se ision of Cor			
SUBJECT:		g Heroes, LLC		
SOBSECT.		Name of Lim	ited Liability Company	
The enclosed	d Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return	ı all correspo	ndence concerning this matter	to the following:	
		Eric Malinasky		
			Name of Person	
		Home Venture Investments	s, LLC	
			Firm/Company	
		9700 Stirling Rd. Suite 110)	
			Address	
-		Cooper City, FL 33024	,	
			City/State and Zip Code	
		homeventureinvestments@g	e ''	
E 6			to be used for future annual report notifi	cation)
For further ii	nformation co	oncerning this matter, please ca	all:	
Eric Malinas	sky		954 682-6366	
-	Name o	f Person	at () Area Code Daytime	Telephone Number
Enclosed is a	a check for th	ne following amount:		
\$25.00 F	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

The Housing Heroes, LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L16000061343	were filed on 3/28/2016	and assigned
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 Liabil	lity Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:	9700 Stirling Road Suite 110	
(Principal office address MUST BE A STREET ADDRESS)	Cooper City, FL 33024	
Enter new mailing address, if applicable:	9700 Stirling Road Suite 110	
(Mailing address MAY BE A POST OFFICE BOX)	Cooper City, FL 33024	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		name.
Name of New Registered Agent:		2018 SEU
New Registered Office Address:		HAR AHAR
	Enter Florida street address , Florida	26 PH
New Registered Agent's Signature, if changing Registered Agent:	City	CORIDA

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 $AMBR = A$	lanager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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			☐ Change
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ctive date, if other than the	date of filing:	(optional)
effective date is listed, the date mus	t be specific and cannot be prior to date of filing or	more than 90 days after filing.) Pursuant to 60:
: If the date inserted in this bloment's effective date on the Do	ock does not meet the applicable statutory fili	ing requirements, this date will not be list
ment sometive dute on the ist	partition of others records.	
ecord specifies a delayed ie 90th day after the rec	l effective date, but not an effective	time, at 12:01 a.m. on the earli
ie sour day arter the reco	ord is filed.	
March 22nd	2018	
d		
	Signature of a member or authorized representative	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00