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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

	ousing Heroes, LLC		
3000ECT	Name of Lim	ited Liability Company	
The enclosed Article	s of Amendment and fee(s) are sub	mitted for filing.	
Please return all corr	espondence concerning this matter	to the following:	
	Eric Malinasky		
		Name of Person	
	The Housing Heroes, LLC		
		Firm/Company	
	915 Middle River Dr. Suite	313	
		Address	
	Fort Lauderdale, FL 33304		
	homeventureinvestments@g	City/State and Zip Code gmail.com	·
	E-mail address: (to be used for future annual report notific	Cation)
For further informati	on concerning this matter, please ca	all:	
Eric Malinasky		954 682-6366	
Na	me of Person	at () Area Code Daytime	Telephone Number
Enclosed is a check t	for the following amount:		
■ \$25.00 Filing Fe	e □ \$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

ro:

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

(<u>Name of the Limited Liability Compa</u> (A Florida Limited l	iny 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 <u>03/28/2016</u>	_ 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 Liabi	lity Company," the designation "LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applicable:	915 Middle River Drive Suite 313	
(Principal office address MUST BE A STREET ADDRESS)	Fort Lauderdale, FL 33304	
Enter new mailing address, if applicable:	915 Middle River Drive Suite 313	
(Mailing address MAY BE A POST OFFICE BOX)	Fort Lauderdale, FL 33304	
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her		e name of the new
Name of New Registered Agent:		AHAN T
New Registered Office Address:	Enter Florida street address	AASS -
	, Florida	Elip Gode 55
New Registered Agent's Signature, if changing Registered Agent:		10,7
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	ee to act in this capacity. I further agree performance of my duties, and I am fan provided for in Chapter 605, F.S. Or, if t	niliar with and this document is

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 = Manager AMBR = Authorized Member

<u> Fitle</u>	Name	Address	Type of Action
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			D Add
			Remove
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Filing Fee: \$25.00