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Certified Copies	Certificates	of Status	
Special Instructions to	Filing Officer:		





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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: HEROES RECORDS, 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:
MARIO A. ARANGO Name of Person
HERDES LIVE ENTERTAINMENT, LCC. Firm/Company
3152 SW 142 MD AVE Address
MIRAMAR, FL 33027 City/State and Zip Code
MARIOA732 ATT. NET
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:
MARIO A. ARANGO at (305) 450-9094 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\times \text{Certificate of Status}\$ \$\times \text{\$\$\$S5.00 Filing Fee & Certified Copy (additional copy is enclosed)}\$\$\$\$ \$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

HERUES REC	ORDS, C	LLC.			
(Name of the Limited I	<mark>Liability Company</mark> Florida Limited Lia	as it now appears on bility Company)	our records.)		
The Articles of Organization for this Limited Liabi			5/18/16	and ass	igned
This amendment is submitted to amend the followi	ng:				
A. If amending name, enter the new name of the			C.		
HEROES LIVE ENT	s "Limited Liability	Company," the design	ation "LLC" or the abb	reviation * L.	L.C."
Enter new principal offices address, if applicable	e: _	N/A			
(Principal office address MUST BE A STREET A	(DDRESS)				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)	<u>X)</u>	MA		PETTAR SE	
B. If amending the registered agent and/or registered agent and/or the new registered office		ce address on ou	r records, enter f	lie name	of the new
Name of New Registered Agent:	NA		\$	े ॐ	
New Registered Office Address:	N/A	Enter Florida si			
	µ/A	enier riorida si			
	* /	City	, Florida	Zip Code	<u> </u>

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>	Name	Address	Type of Action
			Add
			Remove
			☐ Change
			□ Add
			☐ Remove
			☐ Change
			Remove
			Remove Change
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			Remove
			□ Change

D. If ame	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
_	NOT A STOREFRONT. HERDES LIVE ENTERTAINMEN	T, LLC
	IS A PRODUCTION COMPANY FOR CONCERTS	,
_	AND LIVE MUSIC EVENTS.	
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(If an effi Note:	ive date, if other than the date of filing: Office (optional) fective date is listed, 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) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nent's effective date on the Department of State's records.	
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.	
Dated _.	07/11 , 20los)	
	Signature of a member or authorized representative of a member	
	MARIO A. AKANGO	
	Typed or printed name of signee	

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Filing Fee: \$25.00