## 116000174224

(Re	questor's Name)	
(Åde	dress)	
- (Ad	dress)	
(Cit	y/State/Zip/Phone	<del>?</del> #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



700300322817

08/19/17--01005--008 \*\*25.00

17 JUN 18 AM 8:49

JUN 2 0 2017

## **COVER LETTER**

	Registration Sec Division of Corp			
SUBJEC	HEROFFIC	E LLC		
SUBJEC	1	Name of Limi	ited Liability Company	
The encle	sed Anicles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please rei	urn all correspo	ndence concerning this matter	to the following:	
		NABALEE JAMES		
			Name of Person	
			Firm/Company	
		2310 SE 8TH AVE		
			Address	<del></del>
		CAPE CORAL, FL 33990		
			City/State and Zip Code	
		nabalee.james@heroffice.or	_	
		E-mail address: (	to be used for future annual report notifi	eation)
For furth	er information c	oncerning this matter, please ca	all:	
Nabalee	James		239 7710971 at ()	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclosed	is a check for th	ne following amount:		
\$25.0	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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Company as it now appears on our records.  mited Liability Company)	
npany were filed on 09/19/2016	and assigned
d liability company here:	
Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
<u></u>	
	17 JUN
red office address on our records,	enter the name of the new
	49 RIUA
Entor Florida streat addrass	
, Flor	rida Zip Code
	Enter Florida street address  Enter Florida street address  Florida street address  Florida street address  Florida street address

## 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 dutics, 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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>A</u> ddress	Type of Action
Director	NABALEE JAMES	2030 W. FIRST ST. STE C	
		FORT MYERS, FL 33901	■ Remove
			Change
			Remove
			Change
			□ Add
			Die Manne
			Change AM Add
			Remove
			Change
			☐ Remove
			☐ Change
			Add
			☐ Remove
			☐ Change

-	•								-
									_
_									-
									-
_									=
_									=
_							<u>=</u>	_==	=
							三 全	JC N	
							254 254	60	,
_		***		<u>.                                    </u>			<u>m</u> =	꽃	T.
_			<del> </del>				F		- \
_						<u> </u>		<u> </u>	
								<del></del>	_
									_
		<del>-</del>							-
_							•-•		-
SPP etc.	e date, if other than the da	to of filing	06/13/201	7		(opti	onal)		
lf an effec	ctive date is listed, the date must be	specific and	cannot be pric	or to date of fi	ling or more th	an 90 days after	r filing.) Pursu	ant to 60:	5.0207 (3
docume	f the date inserted in this block nt's effective date on the Depa	rtment of S	tate's record	s.	ny ming req	mrements, un	s date will in	or de asi	ica as m
	ord specifies a delayed e 90th day after the recor		ate, but n	ot an effe	ctive time	, at 12:01 i	a.m. on th	e earli	er of:
J Dated _	UNE 13TH		2017						
		<del></del> ,	. ———	·	<u></u>				

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00