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COVER LETTER

Registration Section

TO:

Division of Corporations	
HEROC, LLC	
SUBJECT:	Name of Limited Liability Company
77	d Correspondential Confession
The enclosed Articles of Amendment an	ti fee(s) are submitted for filing.
Please return all correspondence concerr	ring this matter to the following:
ROLF R C	HIQUITO MENDOZA
	Name of Person
••	Firm/Company
2133 SW 1	OHTH AVE
	Address
MIAMI FL	33165
ROLFCHIQ	City/State and Zip Code UITO@HOTMAIL.COM
***************************************	E-mail address: (to be used for future annual report notification)
For further information concerning this i	natter, please call:
ROLF R CHIQUITO MENDOZA	786 7475636 at ()
Name of Person	Area Code Daytime Telephone Number
Enclosed is a check for the following an	iount:
■ \$25.00 Filing Fee	ling Fee & S55.00 Filing Fee & S60.00 Filing Fee, atte of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
MAILING ADDRES Registration Section	Registration Section
Division of Corporation P.O. Box 6327	Division of Corporations Clifton Building
Tallahassee, FL 32314	-

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HEROC, LLC		<u> </u>
(Name of the Limi	ted Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	
•	iability Company were filed on SEPTEMBER 20, 2017	and assigned
orida document number L17000195000	<u></u>	
nis amendment is submitted to amend the foll	owing:	
. If amending name, <u>enter the new name o</u>	f the limited liability company here:	
ne new name must be distinguishable and contain the v	vords "Limited Liability Company," the designation "LLC" or the al	obreviation "L.L.C."
nter new principal offices address, if applic	cable:	a
rincipal office address MUST BE A STREE	ET ADDRESS)	SE SIGN
		<u> </u>
		B 320
nter new mailing address, if applicable:		HA S
Mailing address MAY BE A POST OFFICE	R(IV)	<u></u>
Janung adaress MAT BE A POST OFFICE	<u> </u>	
. If amending the registered agent and egistered agent and/or the new registered o	/or registered office address on our records, <u>enter</u>	the name of the
Name of New Registered Agent:	HECTOR A GOMEZ CRESPO	
New Registered Office Address:		
	Enter Florida street address	
	Florida	
	City	Zıp 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 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>Address</u>	Type of Action
AMBR	HECTOR A GOMEZ CRESPO	2133 SW 104TH AVE MIAMI FL 33165	Add
			Remove
AMBR	ROLF R CHIQUITO MENDOZA	6310 SW 79TH ST APT 13 SOUTH MIAMI FL 33143	
			☐ Remove
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ective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date of filing or m	optional) ore than 90 days after filing.) Pursuant to 60;	5,0
te: If the date inserted in this block does not meet the applicable statutory filin nument's effective date on the Department of State's records.	g requirements, this date will not be list	ted
record specifies a delayed effective date, but not an effective the 90th day after the record is filed.	time, at 12:01 a.m. on the earli	ier
ed SEPTEMBER 25TH 2018		
06/1/		

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Typed or printed name of signee

Filing Fee: \$25.00