L180000 15455

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COVER LETTER

Division of Corpo	orations		
Hero at Hom	e, LLC	,	0
SUBJECT:		<u>.</u>	
	Name of Lim	ited Liability Company	
The enclosed Articles of Ar	nendment and fee(s) are sub	mitted for filing.	
Please return all correspond	lence concerning this matter	to the following:	
	Melissa Buffington		
		Name of Person	<u> </u>
		Firm/Company	
	2721 NE 28th Street		
	<u> </u>	Address	
	Lighthouse Point, FL 330	64	
	melissasbuffington@gmail	City/State and Zip Code .com	
	E-mail address: (to be used for future annual report i	notification)
For further information con-	cerning this matter, please ca	all:	
Melissa Buffington		561 613-521	7
		at ()	time Telephone Number
Name of Po	erson	Area Code Day	time Telephone Number
Enclosed is a check for the	following amount:		
■ \$25.00 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:		Street Address:	<u> </u>

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Hero at Home, LLC		22 Fil 4: 1
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our r liability Company)	ecords.)
The Articles of Organization for this Limited Liability Company Florida document number <u>L18000015455</u>	were filed on	. 2018 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
Melissa Ruffington, LLC		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NA	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent:	address on our records,	enter the name of the new registered
New Registered Office Address:	Enter Florida street	
	City	, Florida Zip 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>	Name	<u>Address</u>	Type of Action
	NIG		□Add
			□Remove
			□Add
			□Remove
			□Change
			□Remove
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			🗆 Remove
			□ Add
			□Remove
			□Change

_M/A	
	n the date of filing: (optional)
Note: If the date inserted in t	the must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(this block does not meet the applicable statutory filing requirements, this date will not be listed as the the Department of State's records.
he record specifies a delayed ef ord is filed.	ffective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
May 18	2020
Dated	la esta
	Signature of a member or authorized representative of a member
Melissa Buffingto	on
 	Typed or printed name of signee