(R	equestor's Name)	
(A	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phone #)
PICK-UP	☐ WAIT	MAIL
(E	Business Entity Name	,
(0	ocument Number)	
Certified Copies	Certificates of	f Status
Special Instructions to	o Filing Officer:	

Office Use Only



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N COOPER JUN 22 2018

COVER LETTER

SUBJECT:	Road Heros, LLC	
	Name of Limited Liability Company	
The enclosed Articles of A	mendment and fee(s) are submitted for filing.	
Please return all correspond	dence concerning this matter to the following:	
	Daniel Hernender	
	Road Heros, CLC	
	233 Wavelbury P. No. Car Address	
	Division of Corporations JECT: Road Heros LL C Name of Limited Liability Company enclosed Articles of Amendment and fee(s) are submitted for filing. See return all correspondence concerning this matter to the following: Daniel Heros LL C	
For further information cor		
. 1		
Name of I	Person Area Code Daytime Telephone Number	
Enclosed is a check for the	following amount:	
\$25.00 Filing Fee	Certificate of Status Certified Copy Certificate (additional copy is enclosed) Certified C	of Status &

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 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

Ronal Heros, CCC			
(Name of the Limited Liability Compa- (A Florida Limited L	ny as it now appears on c liability Company)	our records.)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L/800086004</u> .	were filed on <u>04/</u> 0	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:		
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designa	ation "LLC" or the abbreviation "L.L.C."	_
Enter new principal offices address, if applicable:		ಪ	35
(Principal office address MUST BE A STREET ADDRESS)		JU	900 900 900 900 900
		2	
Enter new mailing address, if applicable:		T0	10-140.7 7 01-2
(Mailing address MAY BE A POST OFFICE BOX)		ယ်	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here Name of New Registered Agent:		records, enter the name of the	new
New Registered Office Address:			
	Enter Florida sti	reet address	
	City	, Florida	
New Registered Agent's Signature, if changing Registered Agent:	Chy	Zip Cixie	
I hereby accept the appointment as registered agent and agre 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.	performance of my a provided for in Chapt	luties, and I am familiar with and ter 605, F.S. Or, if this document i	

Page 1 of 3

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>	Address	Type of Action
MGR	Daniel Hernander	233 woulday Pins Cir	OF Add
		233 Woodbury Pins Cir Orlando, FC, 32828	□ Remove
			Change
			D Add
			□ Remove
			Change
			
			☐ Remove
			🖸 Change
			🗆 Add
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			☐ Change
		ener - Wester - Harrison - Land	🗀 Add
			☐ Remove
			🗀 Change

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(lf an <u>Not</u>	ctive date, if other than the date of filing:	605.020 listed as
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the ea ne 90th day after the record is filed.	rlier o
Date	d June 19th 7018	

Page 3 of 3

Filing Fee: \$25.00