# L20000134811

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	- <del></del>
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to F	Filing Officer.	
	Laci	ک لادری

Office Use Only



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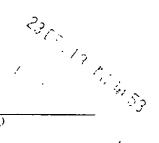


## **COVER LETTER**

	egistration Solivision of Col			
SUBJECT	HEROES O	CARE TRANSPORTATION.	LLC	
SUDJE,C.	·	Name of Lin	nited Liability Company	<del></del>
The enclos	sed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please retu	rn all correspo	ondence concerning this matter	to the following:	
		CARLOS E TOYO ARAU	шо	
			Name of Person	<u> </u>
		HEROES CARE TRANS	PORTATION, LEC	
		<del></del>	Firm/Company	
		3049 SUNCOAST PLAIN	I DR	
			Address	
		ODESSA, FL 33556		
			City/State and Zip Code	<del></del>
			RTATION@OUTLOOK.COM	
For further	information c	E-mail address: ( oncerning this matter, please c	to be used for future annual report no all:	oufication)
	E TOYO ARA	-	407 8677240	
	Name o	f Person	at ( )	me Telephone Number
	. wine o		Act Code Day()	nic rerephone Number
Enclosed is	a check for th	ne following amount:		
\$25,00	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	ailing Addres egistration S		Street Address: Registration S	ection
D	ivision of C	orporations	Division of Co	orporations
	O. Box 632		The Centre of	
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



### HEROES CARE TRANSPORTATION, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Lia	bility Company	were filed on 05/0	8/2020 and assigned
Florida document number 1.20000124871			
This amendment is submitted to amend the follow	ving:		
A. If amending name, enter the new name of t	he limited liabi	ility company here	<u>e</u> :
The new name must be distinguishable and contain the wor	ds "Limited Liabil	ity Company," the des	ignation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		16703 EARLY RISER AVE. LAND O' LAKES. FL. 34638	
(Principal office address MUST BE A STREET ADDRESS)		SUITE # 537	
			<u>,                                      </u>
		14702 CADI V DI	CED AME LANDAY LAVEC EL 24/20
Enter new mailing address, if applicable:			SER AVE. LAND O' LAKES, FL. 34638
Mailing address MAY BE A POST OFFICE BOX)		SUITE # 537	
		<del></del>	
3. If amending the registered agent and/or reg	gistered office a	ddress on our rec	ords, enter the name of the new registe
ngent and/or the new registered office address			
Name of New Registered Agent:			
New Registered Office Address:	16703 EARLY	RISER AVE SUITE	# 537
<del></del>		Enter Florid	a street address
	LAND O' LAKI	ES.	, Florida <sup>34638</sup>
		City	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 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
AMBR	INGRID CLARET SOLER	16703 EARLY RISER AVE. LAND O' LAKES,	<b>=</b> Add
		FL. 34638 SUITE #537	□Remove
			□Change
			□Remove
			□Change
	<del></del>		🗆 Add
			□Remove
		<del></del>	□Change
<del></del>			🗆 Add
			□Remove
			□Change
		<del></del>	□Add
			□Remove
		<u>-</u>	□Change
			DAdd
			□Remove

(	Change of principal and mailing address
(	Change de address of TOYO ARAUJO, CARLOS E (Register Agent and AMBR)
-	
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effe <u>e:</u>	we date, if other than the date of filing:  (optional)  (cive 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 ent's effective date on the Department of State's records.
oro fil	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed,
ed _	12/4/2023
	Carlos Toyo
	Signature of a member of authorized representative of a member

Filing Fee: \$25.00