LZO 000166760

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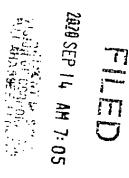
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COVER LETTER

TO:

TO: Registration Se Division of Cor			
Hero Senio			
SUBJECT:	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
	ondence concerning this matter		
	Andy Murray		
		Name of Person	
	Hero Senior Care LLC		
		Firm/Company	
	5231 SW 152ND CT		
		Address	
	Miami, Fl. 33185		
		City/State and Zip Code	
	andym@heroseniorcare.com		
For further information c	e-man address: (to be used for future annual report noti- all:	neadon
Albert Gomez		786 417-5568 at ()	
Name v	n' Person	Area Code Daytim	e Telephone Number
Enclosed is a check for t	he 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 Addres		Street Address: Registration Sec	etian
Registration Section Division of Corporations		Division of Cor	
P.O. Box 632		The Centre of T	
Tallahassee	EL 32314	7415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Hero Senior Care LLC		احا
(Name of the Limited I	iability Company as it now appears on our records.) lorida Limited Liability Company)	SE SE
The Articles of Organization for this Limited Liabil	lity Company were filed on June 16, 2020	and assigned
Florida document number 1.20000166760	·	THE REPORT OF THE PERSON OF TH
This amendment is submitted to amend the following	ng:	7:05
A. If amending name, enter the new name of the	e limited liability company here:	
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	e:	<u> </u>
(Principal office address MUST BE A STREET A	DDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO.	<u></u>	
B. If amending the registered agent and/or registered affice address h		ne name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	emer vioraa sireet aaaress	
-	, Flor	rida

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>	<u>Address</u>	Type of Action
AMBR	Albert Jesus Gomez	1300 S. Miami Ave, #2602, Miami, FL 33130	= Add
			□Remove
			□Change
			□Remove
			□Change
			□Add
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			□Add
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(If an eff Note:	tive date, if other than the date of filing:
the recorecord is fi	d 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 led.
Dated	09/11/2020
	Signature of a member or authorized representative of a member

Typed or printed name of signee