

L20000169238

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

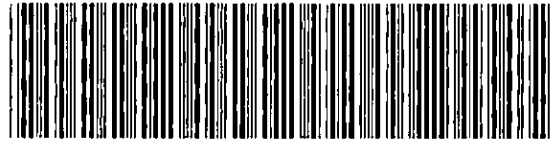
(Business Entity Name)

(Document Number)

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2024 NOV -5 PM 1:59
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: COCHRAN & LASTER INVESTMENTS, L.L.C.

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ASHLEY L. HOLMES

Name of Person

HEROIC TOP SOLUTIONS, LLC

Firm/Company

3440 HOLLYWOOD BOULEVARD, SUITE 415

Address

HOLLYWOOD, FLORIDA 33021

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ASHLEY HOLMES 786 312-8460

Name of Person at () Daytime 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:

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

Street Address:

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

2024 NOV -5 PM 2:00
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

COCHRAN & EASTER INVESTMENTS, 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 Liability Company were filed on 06/18/2020 and assigned
Florida document number 1,20000169238.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

HEROIC TOP SOLUTIONS, LLC.

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

3440 HOLLYWOOD BOULEVARD, SUITE 415

(Principal office address MUST BE A STREET ADDRESS)

HOLLYWOOD, FLORIDA 33021

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

ASHLEY L. HOLMES

New Registered Office Address:

3440 HOLLYWOOD BOULEVARD, SUITE 415

Enter Florida street address

HOLLYWOOD

Florida

City

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

FILED
2024 NOV - 5 PM 2:00
STATE OF FLORIDA
CLERK OF THE COURT
TALLAHASSEE, FL

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>	<u>Type of Action</u>
MGR	ASHLEY HOLMES	3440 HOLLYWOOD BOULEVARD	☐ Add
		SUITE 415	☐ Remove
		HOLLYWOOD, FLORIDA 33021	☒ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
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			☐ Change

2024 NOV -5 PM 2:00
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

F. Effective date, if other than the date of filing: _____ (optional)

(If an effective 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 35 U.S.C. 102(b) (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated SEPTEMBER 30 2024

Ashley Grace Hols

Signature of a member or authorized representative of a member

ASHLEY F. HOLMES

Typed or printed name of signee

FILED
2024 NOV -5 PM 2:00
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA
By _____
Deputy Clerk

Filing Fee: \$25.00