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COVER LETTER

	gistration Se rision of Cor			
alla more	H.E.R. Aca			
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	d Articles of	Amendment and fee(s) are sub	mitted for filing.	
		ondence concerning this matter		
		Shawndria Dennison		
			Name of Person	
			Firm/Company	
		630 Turkey Creek		
			Address	
		Alachua, FL 32615		
			City/State and Zip Code	
		officialherempire@gmail.ec		
		E-mail address: (to be used for future annual report no	tification)
For further i	nformation c	oncerning this matter, please co	all:	
Shawndria I	Dennison		352 262-0231	
	Name o	f Person	Area Code Daytii	me Telephone Number
Enclosed is	a check for th	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)
	niling Addres		Street Address: Registration S	ection
		Corporations	Division of Co	
P.(O. Box 632	27	The Centre of	
Ta	llahassee.	FL 32314	2415 N. Monr	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

H.E.R. Academy, LLC

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(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 $\frac{8/3/2020}{}$ Florida document number 1.20000230539 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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) 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: New Registered Office Address: Enter Florida street address

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.

_____, Florida _____ Zip Code 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	Address 2528 Sci -3 Pil 4: 02	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change
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			🗀 Add
			□Remove
			□ Chanus

H.E.R. Academy, LLC develops young leaders at an early age. H.E.R. Academy, L	
	LC teaches etiquette,
foreign languages, public speaking, financial literacy, and more.	
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Tective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date of filing or more than	(optional)
n effective date is listed, the date must be specific and cannot be prior to date of filing or more than ote: If the date inserted in this block does not meet the applicable statutory filing required cument's effective date on the Department of State's records.	90 days after filing.) Pursuant to 60 rements, this date will not be lis
record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the clis filed.	earlier of: (b) The 90th day aft

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ture of a member of authorized representative of a member

Typed or printed name of signee

Shawndria Dennison