L21000041926

(Requestor's Name)
(Address)
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(Address)
(City/State/Zip/Phone #)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Feecial Instructions to Filing Officer:

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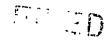
A. BUTLER NOV 2 9 2022

COVER LETTER ,

TO: Registration Sec Division of Corp			
SUBJECT:	Haldware	Hero LL C	
	Name of Lim	ited Liability Company	
The enclosed Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
		Name of Person	Sout
		Firm/Company	
		1330 Themasril	1. PO
		Tallahussee Fl City/State and Zip Code	
	E-mail address: (a testanfirmin	e + fication)
	oncerning this matter, please c		
Om Name of	1 Ornose ~	$\frac{1}{\text{Area Code}} = \frac{386}{\text{Daytime}}$	-5777 e Telephone 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)
Mailing Addres		Street Address:	uta.
Registration S Division of C		Registration Se Division of Cor	
P.O. Box 632	•	The Centre of T	•
Tollahassea l		2415 N. Monro	e Street, Suite \$10

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Hardware Hero	o, LLC	2022 NOV 29 PH 3: 26
(<u>Name of the Limited Liability Company a</u> (A Florida Limited Liab	s it now appears on our records.) htty Company)	Wire William
The Articles of Organization for this Limited Liability Company we Florida document number <u>L210004192</u> C	re filed on 1/21/21	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability Hero Investment The new name must be distinguishable and contain the words "Limited Liability"		the abbreviation "L.L.C "
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 here:	lress on our records, <u>enter the</u>	a name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Flori	da
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete peaccept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office ac	erformance of my duties, and ovided for in Chapter 605, F.:	I am familiar with and S. Or, if this document is

company has been notified in writing of this change.

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:

or remov	ea from our records.			
MGR =	Manager			

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Remove
			□Change
			□Add
			□Remove
			Change
		<u></u>	□Add
			□Change
			□Add
			□Remove
			□Change
			OAdd
			□Remove
			□Change
			□Add
			□Remove

II ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
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Note:	ve date, if other than the date of filing:
e recor rd 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 ed.
Dated	November 29, 2022
	Christian Josephanic of a member Signature of a member or authorized representative of a member
	Christian Lopez Typed or printed name of signee