# L21000114924

(	Requestor	's Name)	
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Special Instructions	to Filing O	fficer	

Office Use Only

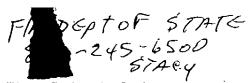


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2021 APR 15 PH 1: 31 2021 APR 15 PH 1: 2 SECRETARY OF STATE SECRETARY OF STATE

4/13/21



	CANS HEROES LLC
UBJECT:	Name of Limited Liability Company
he enclosed Articles	of Amendment and fee(s) are submitted for filing.
lease return all corre	spondence concerning this matter to the following:
	JACK HAMPTON
	Name of Person
	AMERICA'S HEROES LLC
	Firm/Company
	1189 SW CARPENTER ROAD
	Address
	LAKE CITY, FLORIDA 32024
	City/State and Zip Code
	JACKSRODS57@GMAHCOM  E-mail address: (to be used for future annual report notification)
ror further informatio	a concerning this matter, please call:
MELINDA P PARSO	
Nam	at () e of Person Area Code Daytime Telephone Numbe

**Mailing Address:** 

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

Certificate of Status

### **Street Address:**

Certified Copy

(additional copy is enclosed)

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

Certificate of Status &

(additional copy is enclosed)

Certified Copy

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2021 APR 15 PM 1:31

AMERICANS HEROES LLC		CEPRETARY OF STAIL
( <u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appears on our records. a Limited Liability Company)	TALLAHASSEE, FL
The Articles of Organization for this Limited Liability (		and assigned
Florida document number L21000114924	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
AMERICA'S HEROES LLC		
The new name must be distinguishable and contain the words "Lin	mited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		·•
(Principal office address MUST BE A STREET ADD	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or register		he name of the new registero
agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flo	rida
	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
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			□Remove
			□Change
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effective date is listed, the date muse:  1f the date inserted in this bl	at he specific and cannot be	prior to date of filing or	more than 90 days after	er filing.) Pursuant to 605.
ument's effective date on the D	epartment of State's reco	ords.	ng requirements. w	is dute with notice inte
cord specifies a delayed effective	e date, but not an effecti	ve time, at 12:01 a.m	. on the earlier of: (	b) The 90th day after
filed.				
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	Signature of a member or	aumorizeu repr <b>es</b> entati	e or a member	

Filing Fee: \$25.00