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(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer. J. HORNE NOV 1 y 2024	(Requestor's Name)
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Certified Copies Certificates of Status	(Business Entity Name)
Special Instructions to Filing Officer. J. HORNE NOV 1 y 2024	(Document Number)
Special Instructions to Filing Officer. J. HORNE NOV 1 9 2024	Certified Copies Certificates of Status
	Special Instructions to Filing Officer. J. HORNE NOV 1 9 2024

Office Use Only



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FILED 2024 OCT 30 PM 4: 17

COVER LETTER

TO:

Registration Section
Division of Corporations

Tallahassee, FL 32314

SUBJECT:	HERUT (LLC		
SUBJECT			ited Liability Company	
The enclosed	Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		GUY GOLDRAT		
			Name of Person	<u> </u>
		HERUT LLC		
			Street Address: Registration Section Street Address: Registration Section Regur GOLDRAT Name of Person Name of Person Firm/Company 6847 N 9TH AVE STE A364 Address PENSACOLA, FL 32504 City/State and Zip Code g2grinc@gmail.com E-mail address: (to be used for future annual report notification) ning this matter, please call: at (850 Area Code Daytime Telephone Number S60.00 Filing Fee. Certificate of Status Certified Copy (additional copy is enclosed) Street Address: Registration Section	
		6847 N 9TH AVE STE	: A364	
	Articles of Amendment and fee(s) are submitted for filing. all correspondence concerning this matter to the following: GUY GOLDRAT Name of Person			
		PENSACOLA, FL 325	504	
		g2grinc@gmail.com	City/State and Zip Code	
			·	fication)
For further in:	formation co	oncerning this matter, please c	all:	
GU	IY GOLDRA	AT	at (850) 860-9051	
	Name of	Person	·	e Telephone Number
Enclosed is a	check for th	e following amount:		
52 \$25.00 Fi	ling Fee		Certified Copy	Certificate of Status &
				ction
_				
P.O.	. Box 632	7	The Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OF FILED
2024 OCT 30 PH L: 17

(Name of the Limited Lia (A Flo	bility Compar rida Limited L	ny as it now appears on our records.) iability Company)	FSIATE			
The Articles of Organization for this Limited Liability Florida document number	y Company : 	were filed on <u>04/23/2021</u>	and assigned			
This amendment is submitted to amend the following	:					
A. If amending name, <u>enter the new name of the li</u>	<u>imited liabi</u>	lity company here:				
The new name must be distinguishable and contain the words "I	.imited Liabili	ty Company," the designation "LLC" or the a	bbreviation "L.L.C"			
Enter new principal offices address, if applicable:		HERUT LLC				
(Principal office address MUST BE A STREET AD	DRESS)	4204 W Jackson St				
		Pensacola, FL 32505				
Enter new mailing address, if applicable:		HERUT LLC				
(Mailing address MAY BE A POST OFFICE BOX)		6847 N 9th Ave STE A364				
		Pensacola, FL 32504				
3. If amending the registered agent and/or registered agent and/or the new registered office address here Name of New Registered Agent:		ddress on our records, enter the nan	ne of the new regis			
	10.47 NI O45 A	- CTE ACCA				
New Registered Office Address: 6	1047 IN STIL AV	ve STE A364 Enter Florida sircei address				
Pe	ensacola	, Florida	32504			
	<u> </u>	City	Zŋ+C ock			

New Registered Agent's Signature, if changing Registered Agent:

HERUT LLC

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, it 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

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
MGR	Guy Goldrat	6847 N 9th Ave STE A364	\X \Add
		PENSACOLA, FL 32504	
			□Change
MGR	LEGALINC CORPORATE SERVICES INC.	476 RIVERSIDE AVE	
		JACKSONVVILLE, FL 32202	⊠Remove
			□Change
	***		□ Add
			🗆 Remove
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Tectiv	ve date, if	other tha	n the date o	f filing:				(e)	otional)	Parsoant to 605.0.
ote: 1	If the date	inserted in t	this block doe	es not mee	t the applic	able statuto	y filing requ	m wo days a tirements,	this date w	ill not be listed
cume	nt's effect	ive date on	the Departme	ent of State	e's records.					
ecord is tile		a delayed et	fective date.	but not an	effective ti	me, at 12:0	a.m. on the	earlier of:	(b) The	90th day after t
15 THC	ra.									
	October	15th			2024		~			
ited _				—· -		•	1/4			
							1 (J)			
			Signatu	re of a men	nber or autho	orize d a p rese	mat (e of a n	nember		_