## L21000228595

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
☐ PICK-UP WAIT ☐ MAIL			
(Business Entity Name)			
(Document Number)			
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## **COVER LETTER**

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

TO?

Tallahassee, FL 32314

TO: Registration Se Division of Cor		**	•
SUBJECT:	N. Hebber	1 (()	
3003EC1	Name of Limit	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are subr	nitted for filing.	
	ndence concerning this matter t		
	SON He	66lu	
		Name of Person	
	JON HE	GGPN LLC.	<del></del>
		•	LN
		Ate. Acitumn	
	TALLAMASSEE	City/State and Zip Code	<del>-</del>
		City/State and Zip Code	
	E-mail address: (1	o be used for future annual report notif	leation)
For further information c	oncerning this matter, please ca	ill:	
		at (	
Name o	f Person	at () Area Code Daytime	2 Telephone Number
Enclosed is a check for the	he following amount:		
□ \$25.00 Filing Fee	S30.00 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:	
Registration :		Registration Sec	
Division of C P.O. Box 632	-	Division of Cor The Centre of T	•
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## ARTICLES OF AMENDME. TO ARTICLES OF ORGANIZATION TO THE PHILE TO TO THE PHILE TO

JON HEGGEN 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 65 and assigned Florida document number 421 000 228595 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 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

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
AMDIL Trais W	Trais Marchant	7827 Deer Pool Ln Tallahassee FL, 32309	
			□Remove
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	<u> </u>
(If an et <u>Note:</u>	ive date, if other than the date of filing:
the reco	rd 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 fled.
Dated	6-2-21
	Signature of a member or authorized representative of a member  TON HEGGEN  Typed or printed name of signee