121000459424

(Re	equestor's Name)	
(Ad	ldress)	
(A)	ldress)	
(710	idic33)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
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(Bu	isiness Entity Nar	ne)
(Do	cument Number)	
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
		13 - 6.00
		CXOP

Office Use Only



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10/28/21--01010--008 ++25.00

2021 HOV TO PH 4: 53

Horr. 1



November 8, 2021

JASON HERSHBERGER 2445 SW 18TH TERRACE UNIT 915 FORT LAUDERDALE, FL 33315 US

SUBJECT: HERSH NATIONAL LLC

Ref. Number: L21000459424

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 521A00027191

Jasmine N Horne Regulatory Specialist II

COVER LETTER

TO: Registration Secti Division of Corpo			
SUBJECT:	RSH Name of Limi	(d+inha) LL ited Liability Company	<u></u>
The enclosed Articles of An	nendment and fee(s) are sub-	mitted for filing.	
Please return all correspond	ence concerning this matter	to the following:	
	<u>J</u> 450	name of Person	erger
	Horsh	National	
	871	5, W J-Oth	5+
		Address	
	Ft. Lai	ndordale, FL	33315
	j her E-mail address: (1	City/State and Zip Code Sh 777 Dg N to be used for future annual report notif	ndj). Com
For further information cond	cerning this matter, please co	ıll:	
		at (954) 77	3 - 3 9 d d
Enclosed is a check for the t	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)
Mailina Addrage		Street Address	

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

\mathbf{o}	F
(Name of the Limited Liability Compa (A Florida Limited I	NATIONAL LLC ny as it now appears on our records.)
(A Florida Limited I	
The Articles of Organization for this Limited Liability Company Florida document number <u>L 2 00045742</u> 4	were filed on $\frac{10/3/300}{1000}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	ity Company "the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2445 S.W 18th Terrace
(Principal office address MUST BE A STREET ADDRESS)	Ft. Laudordale, FL 33315
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	7445 S.W 18th Terrace # 15 Ft. Landerdale, FL 33315
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	nddress on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	SELL NOV
New Registered Office Address:	Enter Florida street address Florida
	City: Cade

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 hability 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>	Name	Address 3445	5. W 18 Terrace	Type of Action
MBR	Name Joson Hershberger	#115	Ft. Landordale, FL	21825 bb A≹ ⊇
				□Remove
				□Change
				□Add
				□Remove
				□Change
				□Add
				□Remove
				□Change
				□Add
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			<u>-</u>	□Change
				□Add
				🗆 Remove
				🗆 Change

D. If amending an	y other information, enter change(s) here: (Attach additional sheets, if necessary.)
Pi	ease change my effective date
	0: 11/10/2021
	
	
(If an effective date is Note: If the date	f other than the date of filing:
If the record specifies record is filed.	a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated M D	<u>[-0]</u>
	Signature of a member or authorized representative of a member
	5 ASON Hershberger
	Typed or printed name of signee

Filing Fee: \$25.00