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SECRETARY OF STATE

O SIMMONS APR 2 8 2022

#### **COVER LETTER**

TO: Registration ! Division of Co			
SUBJECT: FECOLIT HEROWSS LLC Name of Limited Liability Company  The enclosed Articles of Amendment and fee(s) are submitted for filing.  Please return all correspondence concerning this matter to the following:  Samuel   Ilsanis			
The enclosed Articles of	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
			···
	68155V S	Address Wolf D.C.	
	Paim	City/State and Zip Code	196
	Sanue \ USan E-mail address: (	Say Mon Con to be used for future annual report notif	fication)
For further information			
		at (454) 665-7 Area Code Daytime	e Telephone Number
Enclosed is a check for	the following amount:		
ID \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy

### 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

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		SECRETARY	OF STATE
( <u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appea	rs on outtredotals!)}	SSEE, FL
<b>V</b>	,,	3/1/22	
The Articles of Organization for this Limited Liability Company	were filed on _	3/1/-	and assigned
Florida document number L 22 000   22 763			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company h	<u>iere</u> :	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the	designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:			<u> </u>
(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 a	addrace on our	records enter the	name of the new register.
agent and/or the new registered office address here:	idaless on our	records, <u>cater me</u>	name of the new register
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Flo	orida street address	
		Florid	ä
	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 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>	<u>Address</u>		Type of Action
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