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(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(business Entity Name)
(Document Number)
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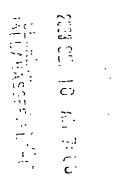
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Registration Sect Division of Corpo	
•	Hershig Ventures LLC
BJECT:	Name of Dimited Liability Company
enclosed Articles of Ai	mendment and fee(s) are submitted for filing.
ase return all correspond	dence concerning this matter to the following:
	Heidi L Bruner Name of Person
	Hersting Ventures LLC
	Hrm/Company
	7574 NW 56 PL Address
	Address
	Ocala F1 34482 City/State and Zip Code Heldi L Bruner (L gmail - com E-mail address: (to be used for future annual report notification)
	City/State and Zip Code
	Heidi Libruner Cigmail. com
further information con	cerning this matter, please call:
Heidi B	Person at (229) 571 2424 Area Code Daytime Telephone Number
Name of P	erson Area Code Daytime Telephone Number
closed is a check for the	following amount:
\$25.00 Filing Fee	Solution Status ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee. Certificate of Status ☐ \$60.00 Filing Fee. Certificate of Status & Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Se	Street Address: ction Registration Section

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

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

ARTICLES OF ORGANIZATION OF

a Articles of Organization for this Limited Liability Company	vara filed on	20-2022 and assigned	
e Articles of Organization for this Limited Liability Company orida document number <u>88–1870 688</u> EIN	- L2200011	0675 - DOC #	
is amendment is submitted to amend the following:			
If amending name, enter the new name of the limited liabil	lity company here:		
new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designat	ion "LLC" or the abbreviation "L.L.C."	
ter new principal offices address, if applicable:			
incipal office address MUST BE A STREET ADDRESS)			
ter new mailing address, if applicable:		٠. در	
ailing address MAY BE A POST OFFICE BOX)			
<u> </u>			
		7 69 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	
If amending the registered agent and/or registered office acent and/or the new registered office address here:	ddress on our record	s, enter the name of the new registere	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
	Ciny	Florida	
w Registered Agent's Signature, if changing Registered Agent:	Cit	ир Сой	
		ity. I further agree to comply with th	

If Changing Registered Agent, Signature of New Registered Agent

GR = Manager 1BR = Authorized Member

<u>le</u>	<u>Name</u>	<u>Address</u>	Type of Action
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.cei	ve date, if other than the date of filing: (optional)
effe e:	ctive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed and it's effective date on the Department of State's records.
orc	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 d.
di_	9/12 2023
	Signature of a member of authorized representative of a member
	Heidi Bruner Typed or printed name of signee

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