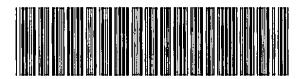
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(Req	uestor's Name)	_
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
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Office Use Only



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COVER LETTER

(C): Registration Section Division of Corporations		
SUBJECT:	S For Heroes L.	<u></u>
The enclosed Articles of Amendment and fee(s) a	are submitted for filing.	
Please return all correspondence concerning this t	matter to the following:	
Tim	Name of Person	
	Firm/Company	11C 22
	37 Whiting Field Cr. Address	ထင
Wilter	City/State and Zip Code	AM 11: 39
	moth Harroze & D Gmail dress: (to be used for future annual report notificat	
For further information concerning this matter, pl	ease call:	
Timothy Harp Name of Person	at (850) 686 - Daytime Te	6392 lephone Number
inclosed is a check for the following amount:		
□ \$25.00 Filing Fee □ \$30.00 Filing Fee Certificate of Sta		☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section	Street Address: Registration Section	on

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

(Name of the Limited Linkility Com	nant as it now appagre on	our manords		
(Name of the Limited Liability Comp (A Florida Limited	Liability Company)	var records.)		
The Articles of Organization for this Limited Liability Compan	y were filed on 5	-18-2022 and a	ssigned	
Florida document number <u>L22000232871</u> .			J	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited lia	bility company here:			
Toflot bles For H.	ecors ILC			
The new name must be distinguishable and contain the words "Limited Lial	bility Company," the design	nation "LLC" or the abbreviation "	L.L.C."	
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)		22	- - -	
(Frincipal office dadress WOST BE ASTREET ADDRESS)		X	-5} 99	
			977	
F-4		<u>⊶</u>	0000 0000 0000	
Enter new mailing address, if applicable:		= = = = = = = = = = = = = = = = = = = =	함62 	
(Mailing address MAY BE A POST OFFICE BOX)	······································		 	
	· · ·	9	<u>¥</u>	
B. If amending the registered agent and/or registered office	e address on our reco	rds, enter the name of the n	ew register	
agent and/or the new registered office address here:		os, enter the name of the h	en register	
Name of New Registered Agent:				
N. m. D. referenced (26%) and descent				
New Registered Office Address:	Enter Florida :	street address		
		, Florida		
	City	Zip Code	?	
New Registered Agent's Signature, if changing Registered Agen	<u>t:</u>			
I hereby accept the appointment as registered agent and ag	gree to act in this cap	acity. I further agree to con	ply with th	
provisions of all statutes relative to the proper and complet				

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
MGR	Corrina Harp	8037 Whiting Field Circl	e_ Ø∧dd
		8037 Whiting Field Circle Milton Fr 32570	□Remove
			□Change
			DAdd
			— CRemove 22 AChange of the control of the contro
			22 TOC 18 ANTI-139
			□Change
			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
			□Remove
			□Change
			🗆 Add
			□Remove
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			□Change

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