

124000097131

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

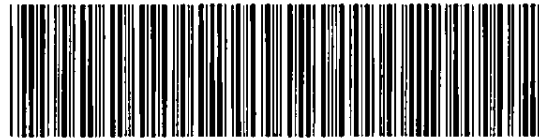
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

J. HORNE

MAR 18 2024

Office Use Only



100424894591

03/04/24--01029--021 **25.00

FILED
24 MAR -4 APR 11:20
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Name, Abbreviation Misspelled + Filed under wrong name
Name of Limited Liability Company
name: HERO CRR of Jacksonville LLC
(Description of Request)

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Renea Gina Renea Glotzer
Name of Person

HeroCrr of Jacksonville LLC
Firm/Company

8055 Creedmoor Drive
Address

Jacksonville, Florida 32244
City/State and Zip Code

yogagirl99@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Renea Gina Renea Glotzer at 904 233-3018
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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)

Mailing Address:

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

mail address

Street Address:

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

overnight Address

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Hero CPR of Jacksonville LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
24 MAR -4 APR 11:22
HALL COUNTY CLERK
JACKSONVILLE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on Feb 25, 2024 and assigned Florida document number L24000097131

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Be a HERO CPR of Jacksonville LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

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

Florida

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

•

AMBR = Authorized Member

Title	Name	Address	Type of Action
			<input type="checkbox"/> Add <input type="checkbox"/>
			<input type="checkbox"/> Remove <input type="checkbox"/>
			<input type="checkbox"/> Change <input type="checkbox"/>
			<input type="checkbox"/> Add <input type="checkbox"/>
			<input type="checkbox"/> Remove <input type="checkbox"/>
			<input type="checkbox"/> Change <input type="checkbox"/>
			<input type="checkbox"/> Add <input type="checkbox"/>
			<input type="checkbox"/> Remove <input type="checkbox"/>
			<input type="checkbox"/> Change <input type="checkbox"/>
			<input type="checkbox"/> Add <input type="checkbox"/>
			<input type="checkbox"/> Remove <input type="checkbox"/>
			<input type="checkbox"/> Change <input type="checkbox"/>
			<input type="checkbox"/> Add <input type="checkbox"/>
			<input type="checkbox"/> Remove <input type="checkbox"/>
			<input type="checkbox"/> Change <input type="checkbox"/>
			<input type="checkbox"/> Add <input type="checkbox"/>
			<input type="checkbox"/> Remove <input type="checkbox"/>
			<input type="checkbox"/> Change <input type="checkbox"/>

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Name + spelling only.

E. Effective date, if other than the date of filing: Feb. 26, 2024 (optional)

(If an effective 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 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated Feb. 29, 2024.

Gina R Glotzer

Signature of a member or authorized representative of a member

Gina Renea Glotzer

Typed or printed name of signee