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COVER LETTER

Division of C			
The Heri			
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles	of Amendment and fec(s) are subt	mitted for filing.	
	spondence concerning this matter t		
	Roger Herman		
		Name of Person	
	The Herrn LLC		
		Firm/Company	
	5205 Congress Ave Apt 42	77	
		Address	<u> </u>
	Boca Raton, FL 33487		
		City/State and Zip Code	
	rherman@hermanlaw.com E-mail address: (1	to be used for future annual report notifi	cation)
For further informatio	n concerning this matter, please ca		
Roger Herman		561 235-1225 at ()	
Nam	e of Person	Area Code Daytime	Telephone Number
Enclosed is a check for	r 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)
<u>Mailing Add</u> Registratio		Street Address: Registration Sec	tion

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 AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Herm LLC		
(Name of the Limited Liability (A Florida L	Company as it now appears on our record imited Liability Company)	<u>(s.)</u>
he Articles of Organization for this Limited Liability Cor	mpany were filed on 5/10/2024	and assigned
lorida document number	•	
nis amendment is submitted to amend the following:		
. If amending name, enter the new name of the limite	ed liability company here:	
lerm LLC		24
e new name must be distinguishable and contain the words "Limite	d Liability Company," the designation "LLC	or the abbreviation E.L.C."
nter new principal offices address, if applicable:		<u> </u>
rincipal office address MUST BE A STREET ADDRE	<u> </u>	
		<u></u>
		25 26
nter new mailing address, if applicable:		
failing address MAY BE A POST OFFICE BOX)		
iming address MITI DE TITOOT OF TICE BOTH		
If amending the registered agent and/or registered	office address on our records, enter	the name of the new register
ent and/or the new registered office address here:	office address on our records, <u>enter</u>	the name of the new register
Name of New Registered Agent:		
New Registered Office Address:		
0	Enter Florida street addres	rs -
	FI	orida
	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>	Name	<u>Address</u>	Type of Action
			□Add
			Remove
		<u> </u>	Change
		Remove	
			Change
		□ Remove	
			Change
		□Remove	
		 	□ Change
			□Add
			□Remove
			□Change
·			□Add
			Remove
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i. II ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an effi Note:	ve date, if other than the date of filing:
the recordecord is fil	I 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 ed.
Dated	Signature of a member or authorized representative of a member
	Typed or printed name of signee

Filing Fee: \$25.00