

N23000010045

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

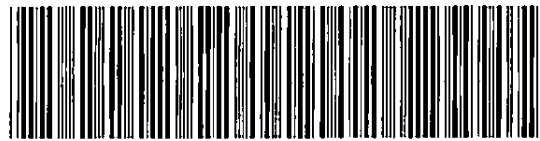
(Document Number)

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*Amend*

05/24/24 - 010015 - 014 - 440.70

2024 MAY 24 PM 12 01  
CLERK OF STATE  
JULIA S. BROWN

FILED

A. RAMSEY  
JUN 18 2024

\*00789, 01092, 00524, 00671

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: "LET THE HEROES KNOW" Inc.

DOCUMENT NUMBER: N23000010045

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Alisa Makarikhina

\_\_\_\_\_  
(Name of Contact Person)

"Let the Heroes Know" Inc

\_\_\_\_\_  
(Firm/ Company)

882 Salem ave

\_\_\_\_\_  
(Address)

Sebastian, Florida 32958

\_\_\_\_\_  
(City/ State and Zip Code)

alisam@lettheheroesknow.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alisa Makarikhina

772

269-7520

at

\_\_\_\_\_  
(Name of Contact Person)

\_\_\_\_\_  
(Area Code)

\_\_\_\_\_  
(Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- |  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> \$35 Filing Fee | <input checked="" type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy is<br>Enclosed) |
|--|---|---|--|

**Mailing Address**

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

**Street Address**

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 14, 2024

ALISA MAKARIKHINA  
LET THE HEROES KNOW INC  
882 SALEM AVE  
SEBASTIAN, FL 32958

SUBJECT: LET THE HEROES KNOW, INC  
Ref. Number: N23000010045

We have received your document for LET THE HEROES KNOW, INC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

Please remove the quotation marks from the name of the corporation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Annette Ramsey  
OPS

Letter Number: 724A00013002

Articles of Amendment  
to  
Articles of Incorporation  
of

FILED

LET THE HEROES KNOW Inc.

2024 MAY 24 PM 12 01

(Name of Corporation as currently filed with the Florida Dept. of State)

N23000010045

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

(Document Number of Corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

NA-----  
The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.

B. Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

NA-----  
NA-----  
NA-----

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

NA-----  
NA-----  
NA-----

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent:

NA-----  
NA-----

(Florida street address)

New Registered Office Address:

NA-----, Florida NA-----  
(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

NA-----

Signature of New Registered Agent, if changing

**If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:**

*(Attach additional sheets, if necessary)*

*Please note the officer/director title by the first letter of the office title:*

*P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.*

*Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change. Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.*

Example:

|                 |           |                    |
|-----------------|-----------|--------------------|
| <u>X</u> Change | <u>PT</u> | <u>John Doe</u>    |
| <u>X</u> Remove | <u>V</u>  | <u>Mike Jones</u>  |
| <u>X</u> Add    | <u>SV</u> | <u>Sally Smith</u> |

| <u>Type of Action</u><br>(Check One)                            | <u>Title</u> | <u>Name</u>                      | <u>Address</u>  |
|---|--------------|----------------------------------|---|
| 1) <u>    </u> Change<br><u>  x  </u> Add<br><u>    </u> Remove | <u>S</u>     | <u>Quincy Ralf Black</u>         | <u>353 Bamford Hill Rd.</u><br><u>Fayette, ME 04349</u>       |
| 2) <u>  x  </u> Change<br><u>    </u> Add<br><u>    </u> Remove | <u>P, T</u>  | <u>Alisa Makarikhina</u>         | <u>882 Salem ave.</u><br><u>Sebastian, FL 32958</u>           |
| 3) <u>    </u> Change<br><u>  x  </u> Add<br><u>    </u> Remove | <u>VP, D</u> | <u>christopher Nolan</u>         | <u>882 Salem Ave</u><br><u>sebastian, FL 32958</u>            |
| 4) <u>    </u> Change<br><u>  x  </u> Add<br><u>    </u> Remove | <u>BM</u>    | <u>Heather Lewandowski Lewis</u> | <u>5859 NW Zenith dr</u><br><u>Port Saint Lucie, FL 34986</u> |
| 5) <u>    </u> Change<br><u>  x  </u> Add<br><u>    </u> Remove | <u>BM</u>    | <u>Shary Roberts</u>             | <u>17775 84th Ct N</u><br><u>Laxahatchee 33470</u>            |
| 6) <u>    </u> Change<br><u>    </u> Add<br><u>    </u> Remove  | <u>    </u>  | <u>    </u>                      | <u>    </u>   |

**E. If amending or adding additional Articles, enter change(s) here:**

*(attach additional sheets, if necessary). (Be specific)*

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The date of each amendment(s) adoption: 05/13/2024, if other than the date this document was signed.

Effective date if applicable: 05/13/2024  
*(no more than 90 days after amendment file date)*

**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.

Adoption of Amendment(s) **(CHECK ONE)**

- ☐ The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

- ☒ There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated 05/13/2024 \_\_\_\_\_

Signature \_\_\_\_\_  
(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Alisa Makarikhina

\_\_\_\_\_  
(Typed or printed name of person signing)

President

\_\_\_\_\_  
(Title of person signing)