P19000017891

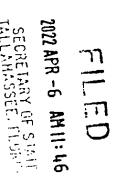
(Re	questor's Name)				
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PICK-UP	WAIT	MAIL			
(Business Entity Name)					
(Do	cument Number)	1			
Certified Copies	_ Certificates	s of Status			
Special Instructions to Filing Officer:					
J. HORNE					
APR 2 5 2022					

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	HEROHL INC	. .				
DOCUMENT NUMBER: P190	000017891					
The enclosed Articles of Amenda	nent and fee are sub	omitted for filing.				
Please return all correspondence	concerning this mat	ter to the following:				
SABINE	M OHLY	_				
		Name of Contact Person				
HEROHL	HEROHL INC					
		Firm/ Company				
1192 OA	WATER DRIVE					
Address						
ROYAL I	PAM BEACH, FL 3					
		City/ State and Zip Code	:			
<u>sabine.oh</u> E-ma	y@herohl.com il address: (to be us	ed for future annual report	notification)			
For further information concerni	ng this matter, pleas	se call:				
SABINE M OHLY		at (954) 557-8853			
Name of Contact	Person	Area Code & Daytime Telephone Number				
Enclosed is a check for the follow	wing amount made	payable to the Florida Depa	artment of State:			
Č	3.75 Filing Fee & tificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is 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

Articles of Amendment to Articles of Incorporation of

HEROHL INC (Name of Corporation as currently filed with the Florida Dept. of State) P19000017891 Pursuant to the provisions of section 607.1006. Florida Statutes, this Florida Profit Corporation adopts the following menument(s) to its Articles of Incorporation: (Document Number of Corporation (if known) A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp., "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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 (Florida street address) New Registered Office Address: (Zip Code) (City) 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. Signature of New Registered Agent, if changing

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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)

Example:

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.

X_Change	<u>PT</u>	John Do	<u>e</u>	
X Remove	<u>V</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change		_		
Add				
Remove				
2) Change		_		
Add				
Remove 3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				<u></u>
5) Change		_		· · · · · · · · · · · · · · · · · · ·
Add				
Remove				
6) Change		_		
Add		_		
Remove				

If amending (Attach additi	or adding addi onal sheets, if n	tional Article ecessary). (es, enter chang (Be specific)	<u>(e(s) here</u> :			
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16		f	.a. madaggifia	ation or come	allation of icen	ad charac	
provisions 1	ment provides for implementi	ng the amend	ige, rectassific	ntained in the	amendment it	self:	
(if not a	ipplicable, indic	ate N/A)					
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(no more the	an 90 days after amendment file d	ate)
c does not meet the ap tment of State's record	oplicable statutory filing requirends.	nents, this date will not be listed as
(CHECK ONE)		
d by the incorporators,	, or board of directors without sha	reholder action and shareholder
d by the shareholders. ient for approval.	The number of votes cast for the	amendment(s)
the amendment(s) was	s/were sufficient for approval	
	<u>.</u>	
(voting group)		
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SAB ING	otted name offnerson signing)	
(Typed of pin	ned name or person signing)	
CEO / f	ORCS DENT	
	(no more the attent of State's record (CHECK ONE) d by the incorporators d by the shareholders, ient for approval. ed by the shareholders h voting group entitled the amendment(s) was (voting group) 31 - 22 for, president or other y an incorporator – if fiduciary by that fiducia	d by the incorporators, or board of directors without shall be the shareholders. The number of votes cast for the ient for approval. ed by the shareholders through voting groups. The followsh voting group entitled to vote separately on the amend the amendment(s) was/were sufficient for approval (voting group)

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