

# L25000012400

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

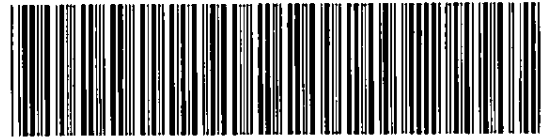
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer.

Office Use Only



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2025 JAN 14 AM 10:04  
TALLAHASSEE, FLORIDA

2025 JAN 14 10:04:19

Incorporating Services, Ltd.

1540 Glenway Drive  
Tallahassee, FL 32301  
850.656.7956  
Fax: 850.656.7953  
www.incserv.com

incserv

**ORDER FORM**

**TO** Florida Department of State  
The Centre of Tallahassee  
2415 North Monroe Street, Suite 810  
Tallahassee, FL 32303  
corphelp@dos.myflorida.com  
850-245-6051

**FROM** Melissa Moreau  
  
850.656.7953

**REQUEST DATE** 1/14/2025

**PRIORITY** Regular Approval

**OUR REF # (Order ID#)** 1337016

**ORDER ENTITY**

HEIR DEFENDERS LLC

**PLEASE PERFORM THE FOLLOWING SERVICES:**

HEIR DEFENDERS LLC (FL)

File the attached amendment

**NOTES:**

\$25.00 Authorized

**RETURN/FORWARDING INSTRUCTIONS:**

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,



Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Heir Defenders LLC  
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

Marlene Azpuru  
Name of Person  
Maraz Management LLC  
Firm/Company  
3000 SW 109 Ave  
Address  
Miami, FL 33165  
City/State and Zip Code  
marlene@marazmgmt.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Marlene Azpuru 786 479- 5227  
Name of Person at ( 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

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

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2025 JAN 14 AM 10: 04

CLERK OF COURT  
TALLAHASSEE, FLORIDA

**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>     | <u>Address</u>               | <u>Type of Action</u>                      |
|--------------|-----------------|------------------------------|--|
| MGR          | Marlene Venereo | 3037 Day Ave Miami FL 33133  | <input type="checkbox"/> Add               |
|              |                 |                              | <input checked="" type="checkbox"/> Remove |
|              |                 |                              | <input type="checkbox"/> Change            |
| MGR          | Michael Venereo | 3037 Day Ave Miami, FL 33133 | <input checked="" type="checkbox"/> Add    |
|              |                 |                              | <input type="checkbox"/> Remove            |
|              |                 |                              | <input type="checkbox"/> Change            |
|              |                 |                              | <input type="checkbox"/> Add               |
|              |                 |                              | <input type="checkbox"/> Remove            |
|              |                 |                              | <input type="checkbox"/> Change            |
|              |                 |                              | <input type="checkbox"/> Add               |
|              |                 |                              | <input type="checkbox"/> Remove            |
|              |                 |                              | <input type="checkbox"/> Change            |
|              |                 |                              | <input type="checkbox"/> Add               |
|              |                 |                              | <input type="checkbox"/> Remove            |
|              |                 |                              | <input type="checkbox"/> Change            |
|              |                 |                              | <input type="checkbox"/> Add               |
|              |                 |                              | <input type="checkbox"/> Remove            |
|              |                 |                              | <input type="checkbox"/> Change            |

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TALLAHASSEE, FLORIDA

**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.

Dated January 13th, 2025

Michael Venerou

Typed or printed name of signee

**Filing Fee: \$25.00**