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DIVISION OF CORFORATION

## **COVER LETTER**

TO:	Registration Section Division of Corpor						
SUBJE	CT.	HELGA'S K	NUCKER'S LLC				
3000		Name of Limite	ed Liability Company				
The enclosed Articles of Amendment and fee(s) are submitted for filing.							
Please return all correspondence concerning this matter to the following:							
		Н	OWARD A SPEIGEL				
			Name of Person				
	HOWARD A SPEIGEL, P.A.						
			Firm/Company				
		1801	LEE ROAD, SUITE 265				
			Address				
	WINTER PARK FL 32789						
City/State and Zip Code							
	-	hs E-mail address: (to	speigel@yahoo.com  be used for future annual report notific	eation)			
For fur	ther information cond	erning this matter, please ca	11:				
	HOWARI	D A SPEIGEL	at (_407_)6	647-5700			
	Name of Pe	erson	Area Code & Daytime	Telephone Number			
Enclos	ed is a check for the f	following amount:					
\$25	5.00 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)			

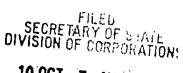
MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



10 OCT -7 AHII: 38

	GA'S KNUCKER'S LLO		
(Name of the Limited Lin (A Flo	ability Company as it now appea orida Limited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liabi	lity Company were filed on	09/24/2010	and assigned
Florida document number L1000010011			
This amendment is submitted to amend the followi	ng:		
A. If amending name, enter the new name of th	e limited liability company he	<u>re</u> :	
HEL	.GA'S KNUCKERS LLC		
The new name must be distinguishable and end with the "L.L.C."	ne words "Limited Liability Comp	any," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicabl	e:		
(Principal office address MUST BE A STREET A	ADDRESS)		
Enter new mailing address, if applicable:			
Enter new maning autress, in applicable: (Mailing add <u>ress MAY BE A POST OFFICE BO</u>			
maning dadress MAT BE AT OST OFFICE BO			
	<del> </del>		
B. If amending the registered agent and/or		our records, enter t	he name of the new
registered agent and/or the new registered office	e address nere:		
Name of New Registered Agent:			
New Registered Office Address:			
	Er	iter Florida street add	ress
-	City	, Florida	Zip Code
	cuy		zip Coae

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 608, 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 amending the Managers or Managing Members on our records, <u>enter the title</u>, <u>name</u>, <u>and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Ma MGRM = 1	anager Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			D D amouto
			□ Damaria
			Damaua
			Domestic
			T Pamova
			Add Remove
D. If amer	nding any other information, en	ter change(s) here: (Attach additional sheets, i	SECRETARY OF STATE  10 OCT -7 AMIT: 38
Dated	OCTOBER 7	, <u>2010</u> .	<b>Z</b>
	Signature o	f a member or authorized representative of a member	Canager Menter
		HOWARD A SPEIGEL  Typed or printed name of signee	·

Page 2 of 2

Filing Fee: \$25.00