

L12000 118140

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

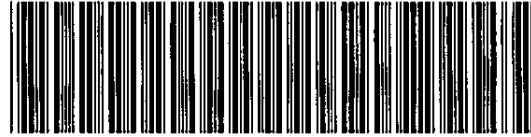
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500252912905

10/28/13--01028--014 **30.00

FILED
13 OCT 28 AM 11:14
STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 2910 Heinrich 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:

Marie Skopis

Name of Person

2910 Heinrich LLC

Firm/Company

403 Greve Rd

Address

Pensacola FL 32507

City/State and Zip Code

marie@skopis.com

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

For further information concerning this matter, please call:

Marie Skopis

Name of Person

850 462-4110

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/COURIER ADDRESS:

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

13 OCT 28 AM 11 14
TALLAHASSEE, FL
DIVISION OF CORPORATIONS
RECEIVED

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

2910 Heinrich LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 9/17/2012 and assigned
Florida document number L12000118140.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

403 Greve Rd

Pensacola FL 32507

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

403 Greve RD

Pensacola FL 32507

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Marie Skopis

New Registered Office Address:

403 Greve RD

Enter Florida street address

Pensacola

Florida 32507

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 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 Changing Registered Agent, Signature of New Registered Agent

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

MGR = Manager

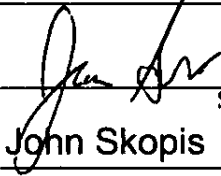
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	John Skopis	1600 Golden Gate Ave	<input type="checkbox"/> Add
		#24, San Francisco CA	<input checked="" type="checkbox"/> Remove
		94115	
MGR	Marie Skopis	403 Greve Rd	<input checked="" type="checkbox"/> Add
		Pensacola FL 32507	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

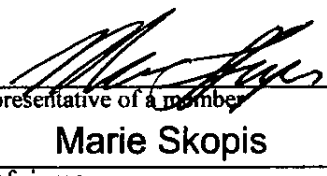
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated

10/30, 2013.


John Skopis

Signature of a member or authorized representative of a member


Marie Skopis

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED
13 OCT 28 AM 11:14
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA