Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : FOWLER WHITE BURNETT P.A.

Account Number : 071250001512 : (305)789-9200 Phone

Fax Number : (305)789-9201

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please **

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN HEPTA BAY INVESTMENTS LLC

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A. LUNT

NOV 28 2012

EXAMINER

Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

TO:

Registration Section **Division of Corporations**

HEPTA BAY INVESTMENTS 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:

JEANNE FUENTES LOPEZ

FOWLER WHITE BURNETT, P.A.

1395 BRICKELL AVENUE, 14TH FI

Address

MIAMI, FLORIDA 33131

City/State and Zip Code

ESALCEDO@FOWLER-WHITE.COM

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

For further information concerning this matter, please call:

JEANNE FUENTES LOPEZ at (305, 789-9269

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

S25.00 Filing Fee

□\$30.00 Filing Fee & Certificate of Status □\$55.00 Filing Fcc & 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

Tallahassec, 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

HEPTA BAY INVESTMENTS LL	_		
(<u>Name of the Limited Liabili</u> (A Florida	V Company as it now appears on Limited Liability Company)	our records.)	
The Articles of Organization for this Limited Liability	Company were filed on 08/22/2	2012	_ and assigned
Florida document number L12000108219			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	nited liability company here:		
		≥ 100 mm = 100 mm	2842
The new name must be distinguishable and end with the we "L.L.C."	ords "Limited Liability Company,"	the designation LLC	" or the abbreviation
Enter new principal offices address, if applicable:		983.	
(Principal office address MUST BE A STREET ADD	RESS)	The state of the s	<u> </u>
•		<u> </u>	15
		42 Lui	 2
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)	· · · · · · · · · · · · · · · · · · ·		
			,
B. If amending the registered agent and/or registered agent and/or the new registered office add	stered office address on our r dress here:	ecords, enter the	name of the new
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address, Florida		
	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 Type of Action Address Title [<u>Name</u> 5805 BLUE LAGOON DRIVE, SUITE 220 MGR ALFREDO PATRONE MIAMI, FLORIDA 33126 5805 BLUE LAGOON DRIVE, SUITE 220 ARTEMIS GROUP, INC. MGR MIAMI, FLORIDA 33126 Add 11 Remove TT Add Remove Remove Remove

	mer enange(s) nere: (Attach adattonat sheets, if necessary.)
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NOVEMBER 15	2012
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	LIM A
Signature c	of a member or authorized representative of a member
JEANNE FUENTES	
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00