## 45000168249

(Red	questor's Name)	
(Add	dress)	
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11/23/20



## COVER LETTER

TO:

Registration Section

Division of Corpor	ations		
SUBJECT:	Heine Ver	o LLC *	<u>-</u>
The enclosed Articles of Am	endment and fee(s) are subr	mitted for filing.	
Please return all corresponde	nce concerning this matter t	to the following:	
	Chris	Name of Person	
		Firm/Company	····
	2765 Lat	Address  Address  City/State and Zip Code	
	Singer Isla	Ciny/State and Zin Code	) <del>(</del>
-	—————————————————————————————————————	8 @ acl, com to be used for future annual report no	
For further information conc	erning this matter, please ca	all:	
Chais Hein	c rson	at (561) 723- Area Code Daytin	- 9520 me Telephone Number
Enclosed is a check for the fo			
\$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 Sec Division of Corp P.O. Box 6327 Tallahassee, FL	oorations	Street Address: Registration Set Division of Control The Centre of 2415 N. Monro Tallahassee, F.	orporations Tallahassee oe Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

MG Heine Vero		2020 OCT 19	
( <u>Name of the Limited Liability Compan</u> (A Florida Limited Li	y as it now appears ability Company)	on our records RETARY	OF STATE
The Articles of Organization for this Limited Liability Company w Florida document number <u>L15000168み</u> 4位.	vere filed on		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil	ity company her	<u>re</u> :	
The new name must be distinguishable and contain the words "Limited Liabilit	y Company," the de	signation "LLC" or the abbre	eviation "L.L.C."
Enter new principal offices address, if applicable:			<del> </del>
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered office ac agent and/or the new registered office address here:	ddress on our re	cords, <u>enter the name (</u>	of the new registered
Name of New Registered Agent:			
New Registered Office Address:			
The Witte State of The Control of Th	Enter Flori	da 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 provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pr being filed to merely reflect a change in the registered office a company has been notified in writing of this change.	performance of i rovided for in C	ny duties, and I am far hapter 605, F.S. Or, if	niliar with and this document is

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>	Address	Type of Action
MGR	Kate Roach	847 W 13th (+.	□Add
		Site 1 Riving Beach FL	Remove
		<u> </u>	□Change
MGR	Nicholis Rauch - Hei	me 847 w 13th ct.	Z\add
		Scite: 1 Rivier Beach, FL 33401	□Remove
			「 □Change
			□Add
			□Remove
		-	🗆 Change
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			□Change
		<del></del>	🗆 Add
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			Change
			□Add
			□Remove
			□Change

	ng any other information, enter change(s) here: (Attach additional sheets, if necessary.)
n effectiv ote:   If th	date, if other than the date of filing:
is filed.	secifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ted	October 15 <sup>th</sup> 2020  Signature of a member or authorized representative of a member
	C-1L.
	Signature of a member or authorized representative of a member

Typed or printed name of signee