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G. MCLEOD AUG 27 2009 EXAMINER



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## **COVER LETTER**

TO:		gistration Se ision of Co			•	
SUBJE	CT:	**	HELI-C	CRANE, LLC		
			Name of Limit	ted Liability Company		
The end	closed	d Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please 1	returr	all correspo	ondence concerning this matter	to the following:		
			J/	AMES T. ROBINSON		
				Name of Person		
				HELI-CRANE, INC.		
				Firm/Company		
	14956 SOUTH RIVER DRIVE					
				Address		
MIAMI, FLORIDA 33167						
				City/State and Zip Code		
	prob7678@aol.com  E-mail address: (to be used for future annual report notification)				ation)	
r e	.L :.	- <b>6</b>			anon,	
ror run	mer i	mormanon c	concerning this matter, please ca	au;		
		Jame	es T. Robinson	CH ( )	87-3293	
		Name o	of Person	Area Code & Daytime	Telephone Number	
Enclose	ed is a	a check for t	he following amount:			
<b>□</b> \$25	.00 F	iling Fcc	\$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**

HE	LI-CRANE, LLC	· •			
( <u>Name of the Limited Liabi</u> (A Florid	ity Company as it now a Limited Liability Com	appears on our records.) pany)			
The Articles of Organization for this Limited Liability Florida document number L02000035106	Company were filed o	n <u>December 30, 2002</u>	and ass	igned	
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the li	mited liability compa	ny here:			
The new name must be distinguishable and end with the v"L.L.C."	vords "Limited Liability	Company," the designation "Li	LC" or the a	bbreviation	
Enter new principal offices address, if applicable:	14956 S	OUTH RIVER DRIVE		9	
(Principal office address MUST BE A STREET AD)	DRESS) MIAMI,	FLORIDA 33167	4 60	<u> </u>	
			an!	运用	
			26		
Enter new mailing address, if applicable:	14956 S	OUTH RIVER DRIVE	三	35	
(Mailing address MAY BE A POST OFFICE BOX) MIAMI, FLORIDA 33167					
	<del>-</del>		17	-12. 	
	<u> </u>			, Ng.	
B. If amending the registered agent and/or regregistered agent and/or the new registered office ac		s on our records, <u>enter th</u>	ne name o	f the new	
Name of New Registered Agent: JAI	MES T. ROBINSO	N .			
New Registered Office Address: 149	14956 SOUTH RIVER DRIVE				
		Enter Florida street address			
	MIAMI	, Florida	33167		
	City		Zip Code	,	
New Peristand Agent's Cimpature if changing Perists	red 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

Page 1 of 2

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>	Address	Type of Action
MGRM	JAMES T. ROBINSON	14956 SOUTH RIVER DRIVE MIAMI, FLORIDA 33167	✓ Add Remove
MGRM_	WILLIAM J. BOTTOMLEY	2870 OAK TREE CT. FORT LAUDERDALE, FL. 33309	Add ✓ Remove
<del></del>	<del>4</del>		Add Remove
<del></del>	· · · · · · · · · · · · · · · · · · ·		Add Remove
			Add Remove
			Add Remove
D. If amend	ding any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary.)	<b></b>
_			_
	ALICUST 12	200	_ _
Dated	Xm. I.	r or authorized representative of a member	
		MES T. ROBINSON  Tor printed name of signee	

Page 2 of 2

Filing Fee: \$25.00

## RESIGNATION

To: Heli-Crane, LLC

l, WILLIAM BOTTOMLY, do hereby resign from any position I may hold as officer, manager, director, or otherwise, with HELI-CRANE, LLC, a Florida limited liability company, organized under the laws of the State of Florida.

Dated as of August 12, 2009

WILLIAM BOTTOMLY