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SECRE LARY OF STATE ALLAHASSEE, FLORIO

K. SALIY Examinier Aug 24

## **COVER LETTER**

TO: Registration Section Division of Corpora			
SUBJECT: HEQ	Name of Limit	THENT CRAISE I	I LLC
The enclosed Articles of Ame	endment and fee(s) are subm	nitted for filing.	
Please return all corresponder	nce concerning this matter to	the following:	
-	KENNE	TH R. FRIED!	nau_
-		Firm/Company	
-	641 Uni	VENSITY BLVO Apotress	# 210
-	JUPITER,	VENSITY BLVO Address  City/State and Zip Code	·
_	KENF @ FF E-mail address: (to	KCPA, Co M be used for future annual report r	notification)
For further information conce	rning this matter, please cal	1:	
Name of Per	21ED MON	at ( <u>56/</u> ) <u>62</u> Area Code Day	time Telephone Number
Enclosed is a check for the fo	llowing amount:		
\$25.00 Filing Fee	1 \$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

FIL	ED
AUG 22	
2016 AUG 22 ZELLAHASSEE.	AM 11:24
TOSEE.	FLORIDA

HERITAGE	Liability Company as it now appears on our records.)
( <u>Name of the Limite</u> (/	d Liability Company as it now appears on our records.) A Florida Limited Liability Company)
The Articles of Organization for this Limited Lia	bility Company were filed on 7/, 2004 and assigned
Florida document number L040000491	<u></u>
This amendment is submitted to amend the follow	wing:
A. If amending name, enter the new name of the	the limited liability company here:
The new name must be distinguishable and contain the wo	rds "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applical	ble:
(Principal office address MUST BE A STREET	<u>ADDRESS)</u>
Enter new mailing address, if applicable:	′ /———
(Mailing address MAY BE A POST OFFICE B	oxi
B. If amending the registered agent and/or registered agent and/or the new registered offi	r registered office address on our records, enter the name of the new ice address here:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida

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 605, 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.

New Registered Agent's Signature, if changing Registered Agent:

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 = M $AMBR = A$	lanager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	JAMES E. TYLKE	8517 SE MERRITT WAY	<b>X</b> Add
		SUPITER FL. 33418	□ Remove
			☐ Change
		- <del></del>	🗖 Add
		<del></del>	☐ Remove
			Change
		77	20 Add To Resove
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<u> </u>			Change 22 Add
		<del></del>	□ Remove
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			□ Remove
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i amei	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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an effe Note: I	ve date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
ated _	8/18
	Signature of a member or authorized representative of a member
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00