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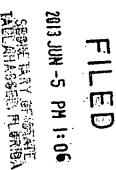
(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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JUN - 6 2013 J. BRYAN

COVER LETTER

то:	Registration Section Division of Corpora		•	
SUBJE	ECT:	HElias Ho	POINTS UC	
		Name of Limite	ed Liability Company	
The end	closed Articles of Ame	endment and fee(s) are subr	nitted for filing.	
Please	return all corresponde	nce concerning this matter t	to the following:	型 一
	_	MAT	T CETTA Name of Person	
	-	HETIE	SHOBINGS CLC Firm/Company	
	-	POBOK	K//Ob Address	
	-	Clos.	City/State and Zip Code	11 600
	-		be used for future annual report hotification	(2.40) F 4
For fur	ther information conc	erning this matter, please ca	all:	
	MATT Name of Pe	CETTA	at (737) 698 073 Area Code & Daytime Tel	lephone Number
Enclos	ed is a check for the fe	ollowing amount:		
\$25	5.00 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Helios Holos	was LLC	
(Name of the Limited Liability (A Florida	ty Company as it now appears of Limited Liability Company)	n our records.)
The Articles of Organization for this Limited Liability Florida document number	Company were filed on <i>/0_/</i> 	/29 / 2004 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	<i>,</i> ~
The new name must be distinguishable and end with the we "L.L.C."	ords "Limited Liability Company,"	"the designation 1214" or the abbreviation
Enter new principal offices address, if applicable:		Jan 15 M
(<u>Principal office address MUST BE A STREET ADD</u>	RESS)	
		四位 三
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or regi registered agent and/or the new registered office ad		records, 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 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

Title	Name	Address	Type of Action
MORM	DOUGKJiMA	29979 68 ^{73/} 57N	Add
		CIFAGUATTE FI 3376	Remove
M62M	SABLA CETTA	2773 Paryson G	— Add
		CLEAMATEN FL 3376	2/ Remove
		A Ü	Add
			Add Remove
			Remove
			Add
			Remove
			Add
			Remove

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_	•
_	
d	MAY 28, 2013.
ed	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00

