Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H15000059880 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : GRAYROBINSON, P.A. - ORLANDO

Account Number : 120010000078 : (407)843-8880 Phone ; (407)244-5690 Fax Number

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

Steven. Solomon Qaray-robinson. com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN HEYS USA (EU DIVISION) LLC

	<u> </u>
Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

Corporate Filing Menu

Help

https://efile.sunbiz.org/scripts/efilcovr.exe

Electronic Filing Menu

MAR 1 1 2015

3/9/2015

9. v

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

v i	TO)		
ARTIC	CLES OF O	RGANIZATION	_	1 5 A
	Ol	?	7	なる 多
	_			THE THE CO
HEYS USA (EU Division) LI				
(A	Florida Limited Li	y as it one appears on our rability Company)	ecoras.)	A. A.
The Articles of Organization for this Limited Liab	ility Company v	vere filed on 06/05/20	07	and assigned
Florida document number L07000058823				- Allie
This amendment is submitted to amend the follow	ing:			Ý
A. If amending name, enter the new name of the	e limited liabil	ity company here:		
HUEU, LLC				
The new name must be distinguishable and end with the wor	rds "Limited Liabil	ity Company," the designation	"LLC" or the st	bbrevizion "L.L.C."
Enter new principal offices address, if applicab	le:	785 Crar	dan B	lvd #402
(Principal office address MUST BE A STREET	ADDRESS)	Key Bisco	yre, F	=L 33149
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BC	<u>)X)</u>	785 Cran Key Biscan	don Bl	1vd #402- L 33149
			<u> </u>	
B. If amending the registered agent and/or registered agent and/or the new registered office	registered off e address here:	ce address on our re	ords, <u>enter i</u>	he name of the new
Name of New Registered Agent:	Haroc	in Shaik	Λ	
New Registered Office Address:	785 (randon Blo Enter Florida street a	ddress	02
-		Cayno		
New Registered Agent's Signature, if changing Reg	istered Agent:			
I hereby accept the appointment as registered a provisions of all statutes relative to the proper a accept the obligations of my position as registe being filed to merely reflect a change in the reg	and complete pred agent as pr	erformance of my dutte ovided for in Glapter t	s, and I am fa 105, E.S. Or	miliar with and This document is

If Changing Registered Agent, Stenature of New Registered Agent

Page 1 of 3

company has been notified in writing of this change.

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = M AMBR = A	lanager uthorized Member		
Title	<u>Name</u>	Address	Type of Action
			□ Add
			Remove
			
	-		Add
			☐ Remove
			<u>-</u>
			D Add
			Q Remove
			D Add
			□ Romove
			· · · · · · · · · · · · · · · · · · ·
			Add
			□ Remove
			
			□ Add
			Remove

amending any other information, enter change(s) here: (Allaci Change addwss of N	lanaser to:
Change address of 1 185 Crandon Blue	1. # 402
Key Biscayne	FL 33149
l /	-
	•,,_,,,
	(optional)
ective date must be specific, cannot be prior to date of receipt or filed date an	
ective date must be specific, cannot be prior to date of receipt or filed date an te this document is filed by the Florida Department of State)	
fective date must be specific, cannot be prior to date of receipt or filed date an te this document is filed by the Florida Department of State)	
fective date must be specific, cannot be prior to date of receipt or filed date and the this document is filed by the Florida Department of State)	d cannot be more than 90 days after
tive date, if other than the date of filing: Vective date must be specific, cannot be prior to date of receipt or filed date an are this document is filed by the Plorida Department of State) 2014 Signature of a member or authorized representations.	d cannot be more than 90 days after

Page 3 of 3

Filing Fee: \$25.00