107000091381

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(0.13) 2.13. 1.3. 1.3. 1.3
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
<u> </u>
Special Instructions to Filing Officer:

Office Use Only



100320046231

PALIS JO ANNENDED

018 NOV -5 AM 8: 52

18 NOV -5 PH 1: 38

T. CLINE NOV - 6 20 (8

EXAMINER

FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

11/5/18

NAME: HALEX HOLDINGS, LLC

TYPE OF FILING: AMENDMENT

COST:

25.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

Chhie Hodge

COVER LETTER

					į
CHB IE	HALEX F	OLDINGS, LLC			!
SUBJEC	.1: <u></u>	Name of Lir	nited Liability Company		·
The encl	osed Articles of	f Amendment and fee(s) are su	bmitted for filing.		
Please re	turn all corresp	ondence concerning this matter	r to the following:		:
		MARYANNE WARD			1
Name of Person CRICKET HOLDINGS LLC Firm/Company 1075 MAIN STREET Address WALTHAM, MA 02451 City/State and Zip Code mward@cricketholdings.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:	:				
		1075 MAIN STREET	Firm/Company		
	Division of Corporations HALEX HOLDINGS, LLC Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. The enclosed Articles of Amendment and fee(s) are submitted for filing. The enclosed Articles of Amendment and fee(s) are submitted for filing. MARYANNE WARD Name of Person CRICKET HOLDINGS LLC Firm/Company 1075 MAIN STREET Address WALTHAM, MA 02451 City/State and Zip Code mward@cricketholdings.com E-mail address: (to be used for future annual report notification) The property of the following amount: S25.00 Filing Fee Certificate of Natus Certified Copy Certifie	2010 NOV -5 AT			
		mward@cricketholdings.co			SEC.F
		E-mail address:	to be used for future annual report notif	ication)	- 1 8: U
For furthe	er information c	concerning this matter, please o	all:		52 - I
JACKIE	BILLARD				1
	Name o	of Person		: Telephone Number	
Enclosed	is a check for t	he following amount:			1
\$2 5.0	0 Filing Fee		Certified Copy	Certificate o Certified Co	f Status &

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

HALEX HOLDI	NGS, LLC	
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) ability Company)	·
The Articles of Organization for this Limited Liability Company w	were filed on	and assigned
Florida document number 1.07000097381		
This amendment is submitted to amend the following:		į
A. If amending name, enter the new name of the limited liabili	ity company here:	
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC" or the ab	obreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		— . •—
Enter new mailing address, if applicable:		SS 2
Mailing address MAY BE A POST OFFICE BOX)		- 무우 · [1]
		11.5 8
		52 111. 110.
3. If amending the registered agent and/or registered office	ce address on our records, enter	the name of the ne
Semi-red agent and/or the new registered office address nere.		1
Name of New Registered Agent:		
New Registered Office Address:		<u> </u>
	Enter Florida street address	
	. Florida	/m/ oda
and assigned order of Organization for this Limited Liability Company were filed on 1.07000097381 is amendment is submitted to amend the following: If amending name, enter the new name of the limited liability company here: If amending name, enter the new name of the limited liability Company," the designation "LLC" or the abbreviation "LLC" ter new principal offices address, if applicable: incipal office address MUST BE A STREET ADDRESS) Iter new mailing address, if applicable: alling address MAY BE A POST OFFICE BOX) If amending the registered agent and/or registered office address on our records, enter the name of the istered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address	ыр сже	

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 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.

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 = AMBR =	Manager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	STALEX MANAGEMENT, LLC	1017 GRAND COURT HIGHLAND BEACH, FL 33487	□ Add
			Remove
MCD	victor N.	11770 US HWY 1 STE 305E PALM BEACH GARDENS, FL 33408	Change
MGR —	WINGENTAN. GRILLO, JR.		_Ö Add
			□ Remove
			Change
···			A 223 L C NO A 12 Remove
			SS Change
			FLORIDA 108-52
			Remove
			Change
			Remove
			Change
			Add .
			Remove
			Change

-			
_			
-			
_			
			_
-			
-			
_		<u> </u>	
		>\:\: =n:	NOV
_		. / - -	
_		N. 27	ഗ
		· · · · · · · · · · · · · · · · · · ·	X
_			<u>−</u> ⇔
_		<u>87</u>	2
		.>	
			
ectiv	e date, if other than the date of filing:		
effec	e date, if other than the date of filing: tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Purs f the date inserted in this block does not must the applicable statute. Silver than 90 days after filing.)	suant to f	605.020
	f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not's effective date on the Department of State's records.	not be l	isted a
ecc	and specifies a delayed effective data, but not an effective time at 12 of		
he 9	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on t Oth day after the record娣 filed.	he ear	rlier (
	POVENMER 2018 C.		
N	/-//-//-/ /		
ed _			
d _			
ed _	Signature of a member or authorized representative of a member		

Page 3 of 3

Filing Fee: \$25.00