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(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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COVER LETTER

TO: Registration : Division of C			*
SUBJECT:	Helium Inte	ractive LLC	
\$ 25 - 125 \$ 25 - 125 - 125 - 125 - 125 - 125 - 125 - 125 - 125 - 125 - 125 - 125 - 125 - 125 - 125 - 125 - 125 - 125 - 125	(Name of Lim	ited Liability Company)	
The enclosed Articles of	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	Christi	ne Mansueto (Name of Person)	
	Heliun	n Interactive (Firm/Company)	
		(Address)	
-		(City/State and Zip Code)	
For further information	concerning this matter, please c	all:	
(Nam	e of Person)	at (727) 504-088 (Area Code & Daytime T	elephone Number)
· .	And the second		ς.··
Enclosed is a check for	the following amount:		
\$25.00 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

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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

Helium Interactive LLC				
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our Liability Company)	r records.)		
The Articles of Organization for this Limited Liability Company Florida document number LO 8000 130	were filed on March	17,200 and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company here:			
The new name must be distinguishable and end with the words "Limi"L.L.C."	ited Liability Company," the	designation "LLC" or the abbreviation		
Enter new principal offices address, if applicable:		. 1 . 10 1		
(Principal office address MUST BE A STREET ADDRESS)	<u>6601 Mer</u> Suite 224	nocial Highway Tampa, FL		
Enter new mailing address, if applicable:		7 ALL		
(Mailing address MAY BE A POST OFFICE BOX)	•			
B. If amending the registered agent and/or registered office address on our records, enter-the name of the new registered agent and/or the new registered office address here:				
Name of New Registered Agent:	hristine S.	Mansueto		
New Registered Office Address: 6601 Memorial Highway Tampa	(Enter Flo	rida street address)		
Tampa	(City)	, Florida 356/5 (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 Changing Registered Agent Signature of New Registered Agent)

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager</u> or Managing <u>Member being added or removed from our records</u>:

MGR = Manager

MGRM = Managing Member Type of Action Guy (MANSUETO 516 Harbor Grove Cir SAFETY Harbor, FL. 34695 (I think we used our home address. It not MGK ☐ Add Remove then we used 28870 USHWY 19N Suite 321 Clearwater, FL 33761) 6601 Memorial Hwy Suite 224 Remove Mgr Christine S. MANSVETO TAMPA, FC. 33615 (NEW ADDRESS) ☐ Add Remove ☐ Add ☐ Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) I'm not sure if we filed under our home address which is 516 Harbor Grove Cir Safety Harbor, 71 34695 OK Under our office address at the time which was 28870 US Highway 19 N Suite 321 Clearwater, FC. 33761. Our New AND Current ADD ress is Helium Interactive 6601 Memorial Hwy, Suite 224 TAMPA, Fl. 33615 Dated Signature of a member or authorized representative of a member

Christine S. Mansveto Typed or printed name of signee Page 2 of 2

Filing Fee: \$25.00