

LO8000071242

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300236031593

06/11/12--01040--012 **30.00

FILED

12 JUN 11 PM 3:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. BOSTICK

JUN 13 2012

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HEPCCO LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ELIANE LEUWENKROON

Name of Person

HEPCCO LLC

Firm/Company

130 SUNRISE AV. # 611

Address

PALM BEACH FL 33480

City/State and Zip Code

strosbergeliane@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MURIEL STROSBURG

Name of Person

at (561) 8332961

Area Code & Daytime Telephone Number

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

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12 JUN 11 PM 3:01

FILED

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

HEPCCO LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 07/24/2008 and assigned
Florida document number L08000071292

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

FILED
12 JUN 11 PM 3:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

MURIEL STROSBERG

New Registered Office Address:

SAFE

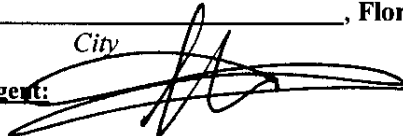
Enter Florida street address

City

Florida

Zip Code

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



JUNE 7, 2012

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.

Signature of New Registered Agent

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	ARTHUR DONNY STROSBERG		<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	MURIEL STROSBERG	130 SUNRISE AVE #611 PALM BEACH FL 33480	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	ELIANE LEUWENKROON	SAME as ABOVE	<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

12 JUN 11 PM 3:01
FILED
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Dated JUNE 7 2012

Signature of a member or authorized representative of a member

Typed or printed name of signee