L08000103449

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(Address)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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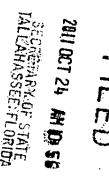
EXAMINER

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ELIAS, MEGINNES, RIFFLE & SEGHETTI, P.C.

ATTORNEYS AT LAW

JOHN S. ELIAS BRIAN J. MEGINNES ROBERT M. RIFFLE MICHAEL R. SEGHETTI TROY N. PUDIK 416 Main Street, Suite 1400 Peoria, Illinois 61602-1611 Telephone: (309) 637-6000 Facsimile: (309) 637-8514 www.emrslaw.com DAVID N. SCHELLENBERG

JANAKI NAIR

LANE G. ALSTER

CYNTHIA L. ELIAS, OF COUNSEL

31945/001

October 18, 2011

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re: Heck LLC

Ladies and Gentlemen:

Enclosed please find the following documents:

- (1) Cover Letter for Heck LLC; and
- (2) Articles of Amendment to Articles of Organization of Heck LLC, in duplicate; and
- (3) Check in the amount of \$55.00 made payable to Florida Department of State for the filing fee and a certified copy.

Please return the certified copy to the undersigned.

If you have any questions, please call me.

Very truly yours,

Brian J. Meginnes

BJM/vsp 111-1424 Enclosures

COVER LETTER

TO: Registration S Division of C					
SUBJECT:	٢	łeck LLC			
	Name of Lim	ited Liability Company			
The enclosed Articles of	f Amendment and fee(s) are su	bmitted for filing.			
Please return all corresp	oondence concerning this matte	r to the following:			
		Brian J. Meginnes			
Name of Person					
Elias, Meginnes, Riffle & Seghetti, P.C.				-	
		Firm/Company			
	416	Main Street, Suite 1400	_ 		
		Address			
		Peoria, IL 61602	· 	007 21 AHASS	-
		City/State and Zip Code		ARN SSS	
		eginnes@emrslaw.com to be used for future annual report notifica	tion)		L.J.
For further information	concerning this matter, please of	·	uony	STATE LORIO	Ö
Bria	n J. Meginnes_	at (309) 67	72-6363		
Name	of Person	Area Code & Daytime T	elephone 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 F Certificate of Certified Cop (additional co	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

	k LLC pany as it now appears on our records. I Liability Company)				
The Articles of Organization for this Limited Liability Compare Florida document numberL08000103449	ny were filed on <u>November 4, 20</u>	008 and assigned			
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited lia	ability company here:				
The new name must be distinguishable and end with the words "Li.L.C."	mited Liability Company," the designation	n "LLC" or the abbreviation			
Enter new principal offices address, if applicable:	17483 Old Harmony Drive	-			
(Principal office address MUST BE A STREET ADDRESS)	#202	AL SE			
	Fort Myers, FL 33908				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	17483 Old Harmony Drive #202	T21 M			
	Fort Myers, FL 33908	35 9 0			
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he Name of New Registered Agent:		er the name of the new			
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 Changing Registered Agent, 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 = Ma MGRM = N	nager Nanaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
	 		□ D
	-		Add Remove
			Add Remove
			Add Remove
		ter change(s) here: (Attach additional sheets	Reffiove
D. If amend	ding any other information, en	ter change(s) here: (Attach additional sheets	i, if necessary PH S
_			
 Dated	October 18	, <u>2011</u> .	
	Signature of	a member or authorized representative of a mem Brian J. Meginnes Typed or printed hame of signee	ber

Page 2 of 2

Filing Fee: \$25.00