

L100000048487

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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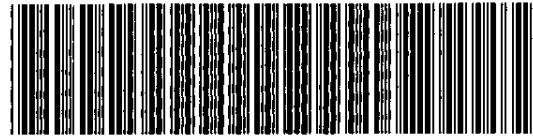
(Business Entity Name)

(Document Number)

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B. KOHR

DEC - 7 2010

EXAMINER

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 DEC - 3 PM 12:20

COVER LETTER

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 DEC -3 PM 12:20

TO: Registration Section
Division of Corporations

SUBJECT: 823 Helena Drive 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:

Lisa Palma

Name of Person

823 Helena Drive LLC

Firm/Company

9144 FOREST HILL BLVD

Address

WELLINGTON FL 33411

City/State and Zip Code

lisapalmaRE@comcast.net

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

For further information concerning this matter, please call:

Lisa Palma

Name of Person

at (561)

964-9566

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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 DEC -3 PM 12:20

823 Helena Drive 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 5/5/2010 and assigned
Florida document number L10000048487.

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:

9144 Forest Hill Blvd

(Principal office address MUST BE A STREET ADDRESS)

Wellington FL 33411

Enter new mailing address, if applicable:

(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:

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

When adding 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>
<u>MGRM</u>	<u>LPRE INVESTMENTS LLC</u>	<u>8970 YEARLING DRIVE</u> <u>LAKE WORTH FL 33467</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>MGRM</u>	<u>SKIN CARE SOLUTIONS</u>	<u>3944 FLORIDA BLVD NO 102</u> <u>PALM BEACH GARDENS FL 33410</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>MGRM</u>	<u>LISA PALMA</u>	<u>9144 FOREST HILL BLVD</u> <u>WELLINGTON FL 33411</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>MGRM</u>	<u>SHARON H STOLA</u>	<u>3944 FLORIDA BLVD NO 102</u> <u>PALM BEACH GARDENS FL 33410</u>	<input checked="" 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.)

Dated 12-8-10

Lisa Palma

Signature of a member or authorized representative of a member

LISA PALMA

Typed or printed name of signee