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COVER LETTER

Registration Section TO: **Division of Corporations** Helmcourt Investments, 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: James T Dobb Name of Person 1471 Helm Crt Firm/Company Address Mississauga, ON L5J3G3 CA City/State and Zip Code 3743622@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: James T Dobb $\langle v \rangle$ Area Code & Daytime Telephone Number Name of Person Enclosed is a check for the following amount: □\$60.00 Filing Fee, \$25.00 Filing Fee □\$30.00 Filing Fee & □\$55.00 Filing Fee &

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MAILING ADDRESS:

Certificate of Status

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

STREET/COURIER ADDRESS:

Certificate of Status &

(additional copy is enclosed)

Certified Copy

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Helmcourt Investments, LLC		
(<u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability (Florida document number L1000095168	Company were filed on September 13, 2010	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and end with the wo	ords "Limited Liability Company," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable:		my p.J
(Principal office address MUST BE A STREET ADD	RESS)	
Enter new mailing address, if applicable:		60 to 1
(Mailing address MAY BE A POST OFFICE BOX)		
		
B. If amending the registered agent and/or registered agent and/or the new registered office ade		he name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street add	1×255
	Enter Floriau Mreet add	<i>,</i> ess
	, Florida	7: C. J-
	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 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>	Name	Address	Type of Action
MGRM	WD Management Ltd	1471 Helm Crt	Ađd
		Mississauga, ON L5J3G3 CA	Remove
			Add
			Remove
			Add
			Remove
			Remove Add Remove
			Add Remove
		<u> </u>	_ □
			Add
			Remove

on, enter change(s) here: (Attach additional sheets, if necessary.)
2013
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ture of a member or authorized representative of a member
Typed or printed name of signce

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Filing Fee: \$25.00

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