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COVER LETTER

TO:

Registration Section

Division of Corporations				
SUBJECT: HEWS PRO Name of Limit	PERTIES LLC			
The enclosed Articles of Amendment and fee(s) are subm	nitted for filing.			
Please return all correspondence concerning this matter t	o the following:			
_	Name of Person			
Law of	Firm/Company			
7351 Wilc,	R.1 Sit 107			
	City/State and Zip Code			
bokowal E-mail address: (to	o be used for future annual report notification)			
For further information concerning this matter, please ca				
Brian P. Kewil	at (585) 261-8497 Area Code Daytime Telephone Number			
Name of Person	Area Code Daytime Telephone Number			
Enclosed is a check for the following amount:				
□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) Certificate of Status & Certified Copy (additional copy is enclosed)			
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HEWS P	ROPEKTIES			
(<u>Name of the Limited I</u> (A	Liability Company as it now appears on Florida Limited Liability Company)	our records.)		
The Articles of Organization for this Limited Liabi Florida document number	lity Company were filed on	and assigned		
This amendment is submitted to amend the following	ng:			
A. If amending name, enter the new name of th	e limited liability company here:			
The new name must be distinguishable and contain the words	s "Limited Liability Company," the design	nation "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicabl	e:			
(Principal office address MUST BE A STREET A	(DDRESS)	ezr DE		
	~ 			
		1		
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BO	X)			
		ů		
B. If amending the registered agent and/or registered agent and/or the new registered office address h		ds, enter the name of the new registere		
Name of New Registered Agent:				
New Registered Office Address:	Enter Florida s	truet address		
	timer i minua su cer autiress			
-	City	, Florida Zip Code		
	•	•		

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

hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the rovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and scept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is ring filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability mpany has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
mgr	Prolquely Skipper	PINSEI MN ONE COM	Ø Add
		M. n. Fl.r.l. 23167	□Remove
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			ET Character

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: __ _ (optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed. Signature of a member or authorized representative of a member Typed or printed name of signee

Filing Fee: \$25.00