

L110000067120

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. HAMPTON

SEP 12 2011

EXAMINER

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: HEFFLINGER CONSULTING, 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:

Benjamin Hefflinger

Name of Person

Hefflinger Consulting, LLC

Firm/Company

333 NE 24th Street, #804

Address

Miami, FL 33137

City/State and Zip Code

BenjaminHefflinger@gmail.com

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

For further information concerning this matter, please call:

Ben Hefflinger

Name of Person

at (561)

305-3939

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**

HEFFLINGER CONSULTING, LLC

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

FILED
11 SEP -9 PM 12:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on JUNE 8, 2011 and assigned
Florida document number L11000067120

This amendment is submitted to amend the following:

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

HEFFLINGER CONSULTING GROUP, LLC

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: 333 NE 24TH STREET, #804

(Principal office address MUST BE A STREET ADDRESS) MIAMI, FL 33137

Enter new mailing address, if applicable: 333 NE 24TH STREET, #804

(Mailing address MAY BE A POST OFFICE BOX) MIAMI, FL 33137

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: Benjamin Hefflinger

New Registered Office Address: 333 NE 24th Street, #804

Enter Florida street address

Miami

Florida

FL 33137

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 = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Benjamin Hefflinger	*update address to: 333 NE 24TH STREET, #804 MIAMI, FL 33137	<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
			<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.)

***All addresses on file to be changed to:

333 NE 24TH STREET, #804, MIAMI, FL 33137

Dated SEPTEMBER 06, 2011

Signature of a member or authorized representative of a member

BENJAMIN HEFFLINGER

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00

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11 SEP - 9 PM 12:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA