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EXAMINER

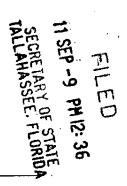
COVER LETTER

TO:	Registration Secti Division of Corpo		-				
SUBJECT: HEFFLINGER CONSULTING, LLC							
SOBJEC	─		ited Liability Company				
The encl	osed Articles of Ar	mendment and fee(s) are sul	omitted for filing.				
Please re	eturn all correspond	lence concerning this matter	·				
		Benjamin Hefflinger					
			Name of Person				
Hefflinger Consulting, LLC							
		-	Firm/Company				
	333 NE 24th Street, #804						
			Address				
			Miami, FL 33137				
			City/State and Zip Code				
		Benja	minHefflinger@gmail.com to be used for future annual report no	tification)			
For furth	ner information con-	cerning this matter, please of					
	Don	Llofflinger	EC4	305-3939			
Ben Hefflinger Name of Person			u:\/	me Telephone Number			
Enclosed	d is a check for the	following amount:	Comparison to the first of the				
\$25.0	00 Filing Fee [\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclos	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
	Registrati	G ADDRESS: on Section of Corporations	STREET/COUI Registration Sect Division of Corp	RIER ADDRESS: tion orations			

P.O. Box 6327 Tallahassee, FL 32314

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)

The Articles of Organization for this Limited Li	ability Company	were filed on	JUNE 8, 2011	and assigned
Florida document numberL11000067	<u>'120</u>		· ···	•
This amendment is submitted to amend the following	owing:			
A. If amending name, enter the new name of	the limited liab	ility company her	<u>'e</u> :	
HEFFLING	GER CONSUL	TING GROUP	, LLC	
The new name must be distinguishable and end wit "L.L.C."	h the words "Limi	ed Liability Compa	ny," the designation "l	LC" or the abbreviation
Enter new principal offices address, if applica	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 I	BOX)	MIAMI, FL 33137		
B. If amending the registered agent and/or registered agent and/or the new registered off Name of New Registered Agent:	er registered off fice address here Benjamin He	:	ur records, <u>enter t</u>	he name of the new
	333 NF 24h	Street, #804		
New Registered Office Address.	000 112 2 1111	ress		
		Miami	, Florida	FL 33137
		City		Zip Code
<u>New Registered Agent's Signature, if changing R</u>	egistered Agent:			
I hereby accept the appointment as registered the provisions of all statutes relative to the praccept the obligations of my position as regis being filed to merely reflect a change in the recompany has been notified in writing of this c	oper and complitered agent as pegistered office of the hange. If Change	ete performance of rovided for in Chaddress, I hereby ging Argistered Agen	of my duties, and I a apter 608, F.S. Or,	im familiar with and if this document is nited liability
	Page 1	of 2		

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 **Type of Action** Title Name Address MGRM Benjamin Hefflinger ☐ Add *update address to: Remove 333 NE 24TH STREET, #804 MIAMI, FL 33137 □ Remove ☐ Add Remove Remove Add Remove 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 SEPTEMBER 06 2011 Dated 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