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D. SCOTT MAR 1 4 2017

COVER LETTER

TO:	Registration Se Division of Cor	ction porations		
	HELMA SO	OUTH SHORE, LLC		
SUBJI	ECT:	Name of Lim	nited Liability Company	
The en	nclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		Innocenzo Gagliardi		
			Name of Person	
		HELMA SOUTH SHORE	E, LLC	
			Firm/Company	
		2170 MAIN STREET, Sui	ite 401	
	Address			
		SARASOTA, FL 34237		
		hugo@finergygroup.com	City/State and Zip Code	
		E-mail address: ((to be used for future annual report notification)	
For fu	rther information co	oncerning this matter, please ca	all:	
Marc	Gagliardi		941 315-7768, ext. 2	T
	Name of	`Person	Area Code Daytime Telephone Number	FILED
Enclos	sed is a check for th	e following amount:		₩ Ķ
2 \$2	5.00 Filing Fcc	☐ \$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)	29

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**

HELMA SOUTH SHORE, LLC

(Name of the Limited Liability Compa (A Florida Limited)	any as it now appears on our records.) Liability Company)			
The Articles of Organization for this Limited Liability Company were filed on and assign				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company here:			
394 SOUTH SHORE, LLC				
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."			
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	2170 MAIN STREET			
	SUITE 401			
The special section of the section o	SARASOTA, FL 34237			
(Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2170 MAIN STREET			
	SUITE 401			
William Cos Will Dis A T Cos Criston Borry	SARASOTA, FL 34237			
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here. Name of New Registered Agent: New Registered Office Address:	SECOND SECOND			
	Enter Florida street address Florida			

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 605, 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 Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			☐ Add
		4	☐ Change
			Add
			☐ Remove
			☐ Change
		 	Add
			Remove
			□ Change
			Add
			□ Remove
			Change
			Change Add:
			Remove 20
			□ Add
			□ Remove
			□ Change

D. If amending any other info	ormation, enter change(s) here: (Attach additional sheets, if necessa	ry.)
-		
*4*******		
1.11		
		<u></u>
		
Note: If the date inserted in the	the date of filing:	l) g.) Pursuant to 605.0207 (3) e will not be listed as the
f the record specifies a del b) The 90th day after the	ayed effective date, but not an effective time, at 12:01 a.m.	SEC 7
March 8th Dated	2017	FILED B 13 P
	ZM	新星 III D
	Signature of a member of authorized representative of a member	- 10 m
	More Capia (di Typed or printed name of signee	ATE ARIDO

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Filing Fee: \$25.00