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(Address)				
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PICK-UP WAIT MAIL				
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SECTION STATE

## **COVER LETTER**

	stration Sec sion of Corp						
SUBJECT: HEAVENLY DUDES INVESTMENTS, LLC							
SCENECT.			ited Liability Company	<del></del>			
The enclosed	Articles of A	mendment and fee(s) are sub	omitted for filing.				
Please return	all correspon	dence concerning this matter	to the following:				
			MARSHA FIELDS  Name of Person				
		DUVAL	FIELDS CONSULTING, L	LC			
			Firm/Company				
-		42	428 WALNUT STREET				
			Address				
		GREEN	043				
MARSHA			City/State and Zip Code	COM			
		`	to be used for future annual report no	tification)			
For further inf	ormation cor	ncerning this matter, please c	all:				
	MARS	SHA FIELDS	at (_904 )	269-1069			
	Name of I	Person	Area Code & Dayt	me Telephone Number			
Enclosed is a	check for the	following amount:					
\$25.00 Fili	ng 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)			
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		STREET/COUI Registration Sect Division of Corp Clifton Building 2661 Executive C Tallahassee, FL	orations Center Circle				

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HEAVENLY DUDES INVESTMENTS. LLC

(Name of the Limited Li (A F	ability Company as it now appear orida Limited Liability Company)	s on our records.)		
The Articles of Organization for this Limited Liab	ility Company were filed on	1-01-12	_ and assig	ned
Florida document number L120000008	08			
This amendment is submitted to amend the follow	ing:			
A. If amending name, enter the new name of the	ne limited liability company her	<u>e</u> :		
HEAVENLY DUDE	S INVESTMENTS THE AV	ENUES LLC		
The new name must be distinguishable and end with t "L.L.C."	he words "Limited Liability Compa	ny," the designation "LLC	" or the abl	oreviation
Enter new principal offices address, if applicab	le:	<u> </u>		
(Principal office address MUST BE A STREET)	ADDRESS)			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BC	<u></u>			
B. If amending the registered agent and/or		ur records, enter the	name of	the nev
registered agent and/or the new registered offic	e address here:	型條	12	
Name of New Registered Agent:			טע טע	Trans
Name of New Registered Agent.				TER KELLER
New Registered Office Address:	F	er Florida street address	<u> </u>	HEAT TAKE
	Eni	er Fioriaa street adaress	op g	
		, Florida 🚉	<u> </u>	
	City	רוו פס	in Fode	

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>	<u>Name</u>	<u>Address</u>	Type of Action		
	· · · · · · · · · · · · · · · · · · ·		Add Remove		
			Add ☐ Remove		
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D. If amend	ling any other information, enter chang	e(s) here: (Attach additional sheets, if necessary.)	_		
			_		
_			<del></del>		
Dated	4-10-12 Stale	2000			
	<del>-</del>	or authorized representative of a member	<del></del>		
		EPHEN J DUVAL or printed name of signee			

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Filing Fee: \$25.00