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K.SALY EXAMINER MAY 29 2012

COVER LETTER

то:	Registration : Division of C				
SUBJE	CT:	Helier (Clemont, LLC		
		Name of Limi	ted Liability Company		
The en	closed Articles of	of Amendment and fee(s) are sub	omitted for filing.		
Please	return all corres	pondence concerning this matter	to the following:		
		Rut	h K. McDonald, Esquire		
			Name of Person		
Hathaway & Reynolds, P.A.					
			Firm/Company		
50 A1A North, Suite 108					
			Address		
		Ponte \	Vedra Beach, Florida 32082		
		·	City/State and Zip Code		
ruth.mcdonald@pvtitle.com					
		E-mail address: (to be used for future annual report notifica	ation)	
For fur	ther information	concerning this matter, please c	call:		
	Ruth K	. McDonald, Esquire	at (904) 2	80-5575	
	Name	e of Person	Area Code & Daytime Telephone Number		
Enclos	ed is a check for	r 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

Helier Clemont, LLC

FILED 12 MAY 25 PM 4:21 SEGMETARY OF STATE FALLAHASSEE, FLORIDA

(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 Liability Company were filed on May 23, 2012 and assigned L120000**6**9151 Florida document number This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Helier Clement, LLC The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." NſA Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street address 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> Name **Address Type of Action** NEA ☐ Add Remove ☐ Add Remove ☐ Add ☐ Remove ☐ Add Remove □Add Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) NEA May 23 2012 Dated _____ Signature of a member or authorized representative of a member Ruth K. McDonald, Esquire Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00