## L12000091226

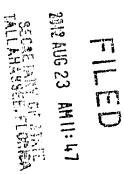
(F	Requestor's Name)			
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J. BRYAN

AUG 24 2012

**EXAMINER** 

## **COVER LETTER**

TO:	Registration S Division of Co				
SUBJ	ECT:	HELI SALE	S FLORIDA, LLC		
			ted Liability Company		
The er	nclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please	return all correspo	ondence concerning this matter	to the following:		<b>د</b>
		F	HOLLY M. NIKOLICH Name of Person	<u> </u>	FILE W. 18
M		MI	KA & NIKOLICH, P.A.		
			Firm/Company		
			P.O. BOX 2224		- 5
			Address		,
		EN	GLEWOOD, FL 34223		_
			City/State and Zip Code		
		E-mail address: (	holly@mnfirm.com to be used for future annual report notifi	cation)	
For fu	rther information	concerning this matter, please c	all:		
		Y M. NIKOLICH	at ( 941 )  Area Code & Daytime	345-7941	
	Name	or reison	Area Code & Dayani	e refeptione Numi.	ici
Enclos	sed is a check for t	the following amount:			
\$2	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed	Certifie ) Certifie	filing Fee, cate of Status & ed Copy onal copy is enclosed)
MAILING ADDRESS:			STREET/COURI		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

## HELI SALES FLORIDA, LLC

TO	)		
ARTICLES OF O	RGANIZATION  F  LORIDA, LLC  my as it now appears on our records.  iability Company)  were filed on July 13, 2012 and assigned		
Ol			
HELI SALES FI	LORIDA, LLC		
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.)		
(1			
The Articles of Organization for this Limited Liability Company	were filed on July 13, 2012 and assigned		
Florida document number L12000091226			
This amendment is submitted to amend the following:			
This uncomment is submitted to amend the following.			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and end with the words "Limit "L.L.C."	ted Liability Company," the designation "LLC" or the abbreviation		
Enter new principal offices address, if applicable:	8191 North Tamiami Trail, Hangar B1		
(Principal office address MUST BE A STREET ADDRESS)	Sarasota, FL 34243		
Enter new mailing address, if applicable:	8191 North Tamiami Trail, Hangar B1		
(Mailing address MAY BE A POST OFFICE BOX)	Sarasota, FL 34243		
B. If amending the registered agent and/or registered of	fice address on our records, enter the name of the new		
registered agent and/or the new registered office address here	2:		
Name of New Registered Agent:			
New Registered Office Address:			
New Registered Office Address:	Enter Florida street address		
	, Florida City Zip Code		
	Dip Come		

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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = Managing Member <u>Title</u> **Type of Action** <u>Name</u> **Address MGRM** HOLLY M. NIKOLICH 4086 N Beach Rd. ✓ Add Englewood, FL 34223 Remove MGRM NICLAS HERLE □ Add 340 Citation Point ✓ Remove Naples, FL 34104 ☐ Add Remove Add Remove ∏Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) August 17 2012 Dated\_ ignature of a member or authorized representative of a member HOLLY M. NIKOLICH, as authorized representative of a member

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00