

L12000118140

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

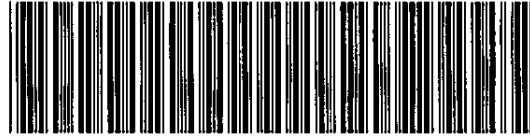
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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13 OCT 28 AM 11:14
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 2910 Heinrich LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Marie Skopis
Name of Person
2910 Heinrich LLC
Firm/Company
403 Greve Rd
Address
Pensacola FL 32507
City/State and Zip Code
marie@skopis.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Marie Skopis at **(850) 462-4110**
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for 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

13 OCT 28 AM 11:14
 RECEIVED
 TALLAHASSEE, FL
 DIVISION OF CORPORATIONS

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

2910 Heinrich 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 Liability Company were filed on 9/17/2012 and assigned Florida document number L12000118140.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability 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)

403 Greve Rd
Pensacola FL 32507

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

403 Greve RD
Pensacola FL 32507

SECRETARY OF STATE
13 OCT 28 AM 11:14
TALLAHASSEE, FLORIDA

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: Marie Skopis

New Registered Office Address: 403 Greve RD
Enter Florida street address

Pensacola, Florida 32507
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

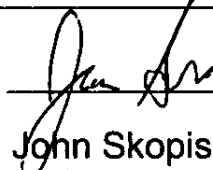
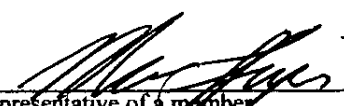
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	John Skopis	1600 Golden Gate Ave	<input type="checkbox"/> Add
		#24, San Francisco CA	<input checked="" type="checkbox"/> Remove
		94115	
MGR	Marie Skopis	403 Greve Rd	<input checked="" type="checkbox"/> Add
		Pensacola FL 32507	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
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STATE OF FLORIDA
 DEPARTMENT OF REVENUE
 2011 OCT 28 PM 1:11
 TALLAHASSEE, FLORIDA

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Four horizontal lines for amending information.

Dated 10/30, 2013.

	
Signature of a member or authorized representative of a member	
John Skopis	Marie Skopis
Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00

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 13 OCT 29 AM 11:14
 DEPARTMENT OF STATE
 TALLAHASSEE, FLORIDA