

112000159408

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700250089737

07/29/13--01017--025 **25.00

FILED
13 SEP 23 AM 9:42
CLERK OF STATE
TALLAHASSEE, FLORIDA

W13-42503



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 21, 2013

BRIAN HEIL
6086 ROCKINGHAM WAY
GAINESVILLE, GA 30506

SUBJECT: HEIL PROPERTIES, LLC
Ref. Number: W13000042505

We have received your document for HEIL PROPERTIES, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the letters "MGRM" beside the name and address of each managing member and/or the letters "MGR" beside the name and address of each manager listed in the document.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 213A00018307



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 30, 2013

BRIAN HEIL
6086 ROCKINGHAM WAY
GAINESVILLE, GA 30506

SUBJECT: HEIL PROPERTIES, LLC
Ref. Number: W13000042505

We have received your document for HEIL PROPERTIES, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the letters "MGRM" beside the name and address of each managing member and/or the letters "MGR" beside the name and address of each manager listed in the document.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 213A00018307

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HEIL PROPERTIES, 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:

BRIAN HEIL

Name of Person

Firm/Company

6086 ROCKINGHAM WAY

Address

GAINESVILLE, GA 30506

City/State and Zip Code

BRIAN.HEIL@ME.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BRIAN HEIL

Name of Person

at (770) 654-7191

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

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

HEIL PROPERTIES, 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 DEC. 21, 2012 and assigned Florida document number L 12000159408.

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)

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

Florida

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

Title	Name	Address	Type of Action
-------	------	---------	----------------

MS.	NATHALIE C. HEIL MGRM	6086 ROCKINGHAM WAY GAINESVILLE, GA 30506	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
-----	--------------------------	--	--

MS.	EMILIE C.M. HEIL MGRM	6086 ROCKINGHAM WAY GAINESVILLE, GA 30506	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
-----	--------------------------	--	--

MS.	JULIE M. HEIL MGRM	6086 ROCKINGHAM WAY GAINESVILLE, GA 30506	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
-----	-----------------------	--	--

MR.	BRIAN W. HEIL MGRM	6086 ROCKINGHAM WAY GAINESVILLE, GA 30506	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
-----	-----------------------	--	--

SEP 23 AM 9:02
STATE OF FLORIDA

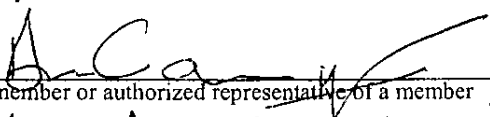
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

100% OF THE SHARES AND OWNERSHIP
OF THE HEEL PROPERTIES, LLC WERE
RE-ALLOCATED AS FOLLOWS:

MICHEL CANQUE 1/6, MONIQUE CANQUE 1/6
NATHALIE HEEL 1/6, JULIE HEEL 1/6, EMILIE HEEL 1/6, BRIAN HEEL 1/6

Dated 7/26/12, 2012
JULY, 26


Signature of a member or authorized representative of a member

MICHEL CANQUE

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED
13 SEP 23 AM 9:02
SECRETARY OF STATE
TALLAHASSEE FLORIDA