

L13000004888

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

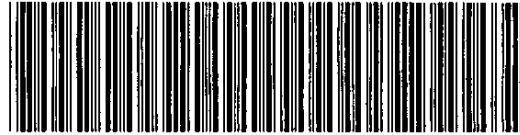
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 AUG 26 PM 3:26

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AUG 26 2015
T. HAMPTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Helios Foods, 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:

N. Jane Puckett, EA
Name of Person

East Washington Accounting Services
Firm/Company

PO Box 1006
Address

Pierson, FL 32180
City/State and Zip Code

medickj@bellsouth.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

N. Jane Puckett, EA at (386) 749-9010
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
15 AUG 26 PM 2:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

August 14, 2015

N JANE PUCKETT, EA
EAST WASHINGTON ACCOUNTING SERVICES
P O BOX 1006
PIERSON, FL 32180

SUBJECT: HELIOS FOODS LLC
Ref. Number: L13000004888

We have received your document for HELIOS FOODS 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):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

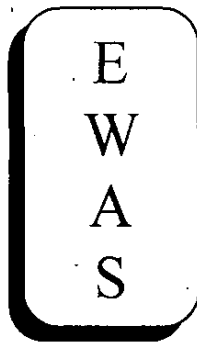
A post office box is not an acceptable address for the registered agent.

Please return 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.

Tammy Hampton
Regulatory Specialist III

Letter Number: 015A00017222



East
Washington
Accounting
Services, Inc.

P.O. Box 1006
Pierson, FL 32180
Phone (386) 749-9010
Fax (386) 749-4471

August 21, 2015

Tammy Hampton, Regulatory Specialist III
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Re: Helios Foods, LLC
Document #: L13000004888

Dear Ms. Hampton:

Enclosed are two copies of the corrections to Articles of Amendment to Articles of Organization for Helios Foods, LLC, Document # L13000004888 per your letter dated August 14, 2015 also enclosed for your reference.

If you have any questions or need further information please call (386) 749-9010.

Sincerely,

N. Jane Puckett, EA

Enclosures - 3

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Helios Foods, 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 01-09-2013 and assigned Florida document number L130000004888

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 contain 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:

East Washington Accounting Services, Inc.
117 Fountain Drive

Enter Florida street address


Pierson, Florida 32180

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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Kris Skirraw	201 Cessna Blvd #3	<input type="checkbox"/> Add
		Port Orange, FL 32128	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Panagiotis Efsthadiadis	201 Cessna Blvd #3	<input type="checkbox"/> Add
		Port Orange, FL 32128	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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TALLAHASSEE, FLORIDA

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

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated August 5, 2017

✓

Signature of a member or authorized representative of a member

Panagiotis Efsthadiadis
Typed or printed name of signer

Typed or printed name of signee

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TALLAHASSEE, FLORIDA