

L13000023146

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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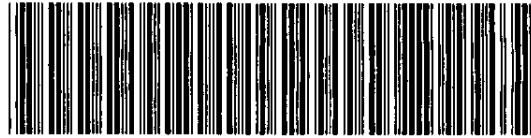
(Business Entity Name)

(Document Number)

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2013 MAR 22 PM 1:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MAR 25 2013

J. BRYAN

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: **HELU LOGISTIC 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:

**HECTOR RUIZ**

Name of Person

Firm/Company

**11339 MOONSHINE CREEK CIRCLE**

Address

**ORLANDO FL 32825**

City/State and Zip Code

**nievesincometax@bellsouth.net**

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

For further information concerning this matter, please call:

**HECTOR RUIZ**

Name of Person

at **(407) 470-0604**

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

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TALLAHASSEE, FLORIDA

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

**HELU LOGISTIC LLC**

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

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The Articles of Organization for this Limited Liability Company were filed on FEBRUARY 13, 2013 and assigned  
Florida document number L13000023146.

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

| <u>Title</u> | <u>Name</u>   | <u>Address</u>                               | <u>Type of Action</u>                      |
|--------------|---------------|----------------------------------------------|--------------------------------------------|
| MGR          | HECTOR RUIZ   | 11339 MOONSHINE CIRCLE, ORLANDO FL 32825     | <input checked="" type="checkbox"/> Add    |
|              |               | LUIS F BEDOYA                                | <input checked="" type="checkbox"/> Remove |
|              |               |                                              |                                            |
| MGRM         | LUIS F BEDOYA | 144 NW BERKELEY AVE., PORT ST LUCIE FL 34986 | <input checked="" type="checkbox"/> Add    |
|              |               | HECTOR RUIZ                                  | <input checked="" type="checkbox"/> Remove |
|              |               |                                              |                                            |
|              |               |                                              | <input type="checkbox"/> Add               |
|              |               |                                              | <input type="checkbox"/> Remove            |
|              |               |                                              | <input type="checkbox"/> Add               |
|              |               |                                              | <input type="checkbox"/> Remove            |
|              |               |                                              | <input type="checkbox"/> Add               |
|              |               |                                              | <input type="checkbox"/> Remove            |
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|              |               |                                              | <input type="checkbox"/> Remove            |

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated FEBRUARY 25, 2013

X *Hector Ruiz*

Signature of a member or authorized representative of a member

HECTOR RUIZ

Typed or printed name of signee

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Filing Fee: \$25.00

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