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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: T. P. Helenst. L. C. 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:
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Warren Peebles Name of Person
La Bouick Law Group
5220 Hood Rd. 200
Palm Beach Gardens, FL 33418 City/State and Zip Code
iphelens Sahoo. com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Warren Peebles at (56), 625-8310 Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:

□\$55.00 Filing Fee &

Certified Copy

(additional copy is enclosed)

MAILING ADDRESS:

□\$30.00 Filing Fee &

Certificate of Status

\$25.00 Filing Fee

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

□\$60.00 Filing Fee,

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Certificate of Status &

(additional copy is enclosed)

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

J. P. Helens L. L	. · C .	
(<u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on imited Liability Company)	our records.)
The Articles of Organization for this Limited Liability C		4/13 and assigned
Florida document number <u>L\30000325</u>	x 6	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
JPHelens L.L.C.		
The new name must be distinguishable and end with the wor "L.L.C."	ds "Limited Liability Company,"	the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		201 7A-1
(Principal office address MUST BE A STREET ADDR	ESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		<u>%</u>
B. If amending the registered agent and/or regist registered agent and/or the new registered office addr		records, enter the name of the new
registered agent and/or the new registered office addi	<u>tess nere</u> .	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter F	lorida 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 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 Title <u>Name</u> <u>Address</u> Type of Action Add Remove Remove HASSEE, FLORED Remove Remove Remove

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Dated	March 4, 2013.
	W-8-2
	Signature of a member or authorized representative of a member Warren Peeble 3
	Typed or printed name of signee
	Page 3 of 3

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

Filing Fee: \$25.00

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