L13000074367

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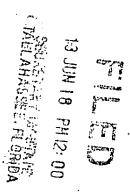


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COVER LETTER

TO:	Registration Section
	Division of Corporations

SUBJECT: Heliawood 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:

Beatriz Narvaez

Name of Person

Firm/Company

10873 NW 79 Street

Address

Doral, FL 33178

City/State and Zip Code

edu_perezblanco@yahoo.com

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

For further information concerning this matter, please call:

Michael Mesa

_,305**、593-704**1

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Heliawood LLC		
(<u>Name of the Limited Li</u> (A F	ability Company as it now appears on our record orida Limited Liability Company)	s.)
The Articles of Organization for this Limited Liab	ility Company were filed on May 21, 2013	and assigned
Florida document number L13000074367	·	D. 00
This amendment is submitted to amend the follow	ing:	E.
A. If amending name, enter the new name of the	ne limited liability company here:	
The new name must be distinguishable and end with t "L.L.C."	he words "Limited Liability Company," the designa	tion "LLC" or the abbreviation
Enter new principal offices address, if applicab	le:	
(Principal office address MUST BE A STREET.	ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u> </u>	
B. If amending the registered agent and/or registered agent and/or the new registered office		nter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida stre	et address
	, Flori City	da 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, 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>	Address	Type of Action
mgrm	Helia Milagros Matheson	10873 NW 79 St	
		Doral, FL 33178	Remove
mgrm	Helia Milagros Mathison	24443 Deepsprings Dr	
		Diamond Bar, CA 9176	E Remove
mgrm	Andreina Perez Matheson	10873 NW 79 St	
		Doral, FL 33178	Remove
mgrm	Andreina Perez	24443 Deepsprings Dr	_
		Diamond Bar, CA 91765	Remove
mgrm	Arturo I Perez Matheson	10873 NW 79 St	
		Doral, FL 33178	Remove
mgrm	Arturo I. Perez	24443 Deepsprings Dr	_ _ Add
		Diamond Bar, CA 91765	Remove

D. If amending any other infor	rmation, enter change(s) here: (Attach additional sheets, if	necessary.)
June 17	2013	
£.	" Hoffins	
	Senature of a member or authorized representative of a member	
Helia Milagro	os Mathison	
	Typed or printed name of signee	

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Filing Fee: \$25.00