

L13000097452

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

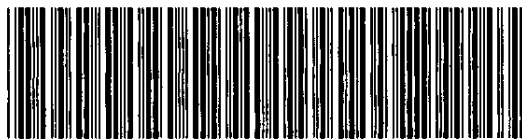
(Business Entity Name)

(Document Number)

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TALLAHASSEE FLORIDA

AUG 09 2013

D. BRUCE

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: HOLEOS 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:

FABIEENNE BERGE
Name of Person

HOLEOS LLC
Firm/Company

2701 South Bayshore Dr Suite 402
Address

Miami FL 33133
City/State and Zip Code

HOLEOS USA @ gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Fabienne Berge at (786) 452-4080
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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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CLERK OF THE COURT

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

HOLEOS 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 07-09-13 and assigned Florida document number L13000097452

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)

18090 Collins Avenue
Sunny Isles FL 33160
USA.

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

13045 Coronado terrace
North Miami FL 33181.
USA.

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>
MGRM	FABIEENNE BERGE	13045 Coronado terrace	<input checked="" type="checkbox"/> Add
		North Miami FL 33181	<input type="checkbox"/> Remove
		USA	
MGRM	VINCENT BERGE	13045 Coronado terrace	<input checked="" type="checkbox"/> Add
		North Miami FL 33181	<input type="checkbox"/> Remove
		USA	
MGRM	SARL HOLEOS	2701 S. Bayshore Dr #402	<input type="checkbox"/> Add
		Miami FL 33133	<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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AUG - 8
1:11

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

Change Principal address, Remove MGRM Sac1 Holeos
& add Vincent & Fabienne berge as MGRM

Dated

August 6th 2013.

Signature of a member or authorized representative of a member

FABIENNE BERGE

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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