# L14000035071

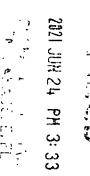
(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
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### **COVER LETTER**

	istration S sion of Co	ection rporations	• ;	
	LIEL OL		;	,
SUBJECT <sub>2</sub> _	HELOU	REGINO PUBLISHER LLC	nited Liability Company	···
		Traine of Em	med Baomty Company	
The enclosed	Articles of	Amendment and fee(s) are sul	bmitted for filing.	
Please return :	all correspo	ondence concerning this matter	to the following:	
			PAULO FACTOR	
			Name of Person	
			NETWORK FOR PRO LLC	<u> </u>
			Firm/Company	
		4	307 VINELAND RD STE H	17
			Address	
			ORLANDO,FL32811	
		01107011500	City/State and Zip Code	
			ERVICE@SAFETYTAX.Co to be used for future annual repo	
For further inf	ormation c	oncerning this matter, please c	i	
PAULO FACTOR		at ( <u>407</u> )	888-4747	
	Name o	f Person	Area Code Γ	Daytime Telephone Number
Enclosed is a c	heck for th	ne following amount:		
□ \$25.00 Fil	ing Fee		□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	ng Addres stration;S		<u>Street Addre</u> Registratio	
∠Divi:	sion of E	orporations	-	f Corporations
	Box-632			of Tallahassee
ı alla	massee; <u> </u>	FL-323-14-y-	2415 N. M	onroe Street, Suite 810

Tallahassee, FL 32303



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2021 JUN 24 AM 11:49

## FLORIDA DEPARTMENT OF STATE: Division of Corporations

June 4, 2021

PAULO FACTOR NETWORK FOR PRO LLC 4307 VINELAND RD - STE. H7 ORLANDO, FL 32811

SUBJECT: HELOU REGINO PUBLISHER, LLC

Ref. Number: L14000035071

We have received your document for HELOU REGINO PUBLISHER, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is L21000011380 - REGINO LLC.

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) 245-6050.

Irene Albritton Regulatory Specialist II

Letter Number: 321A00012236

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability	Company as it now appears on our records.)
(A Florida	Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability Co	ompany were filed on 02/28/2014 and assigned
Florida document number 1.14000035071	·
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limit	ed liability company here:
REGINO BIKE LLC	
The new name must be distinguishable and contain the words "Limit	ted 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 ADDRI	ESS)
	. 28
Enter new mailing address, if applicable:	212 57
(Mailing address MAY BE A POST OFFICE BOX)	The North Control of the North
maning dual commit DE 717 OFF OFFICE BONG	
B. If amending the registered agent and/or registered	office address on our records, enter the name of the new registere
agent and/or the new registered office address here:	w στης στης στης στης στης στης στης στης
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	. Florida

#### New Registered Agent's Signature, if changing Registered Agent:

THE OH PROING DUDITIONED LLC

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.

City

Zip Code

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>	Name	Address	Type of Action
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			Remove
			□Change
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	Signature o	f a member or authorize	d representative of a men		<del></del>