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AND TANASSEE, FLORID

S Warren MAY 1 0 2017

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: 2780 Pompano 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:
Mary Frances Helke Name of Person
9
Firm/Company
7811 Seguria Lano
Address
Parkland F1 33067 City/State and Zip Code
City/State and Zip Code
B-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Mary Frances Heller at (954) 942-0003 Name of Person Name of Person Name Telephone Number
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \text{\$30.00 Filing Fee & Certificate of Status}\$\$\$ Certificate of Status & Certified Copy (additional copy is enclosed)\$\$\$ 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

2780 Pompano 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 4514 and assigned Florida document number <u>L14000090766</u>
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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: 90 Heller USA, INC.
(Principal office address MUST BE A STREET ADDRESS) 5671 N. University Dr. Suite 101 Coral Springs, FL. 33067
Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX) 5571 N. University Dr. Suite 10 Coval Springs, Pl. 33067
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: 40 Heller USA, 5541 N. University Dr., #101 Enter Florida street address Coval Springs, Florida 33067 Zip Code
Coral Springs, Florida 33067
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

Page 1 of 3

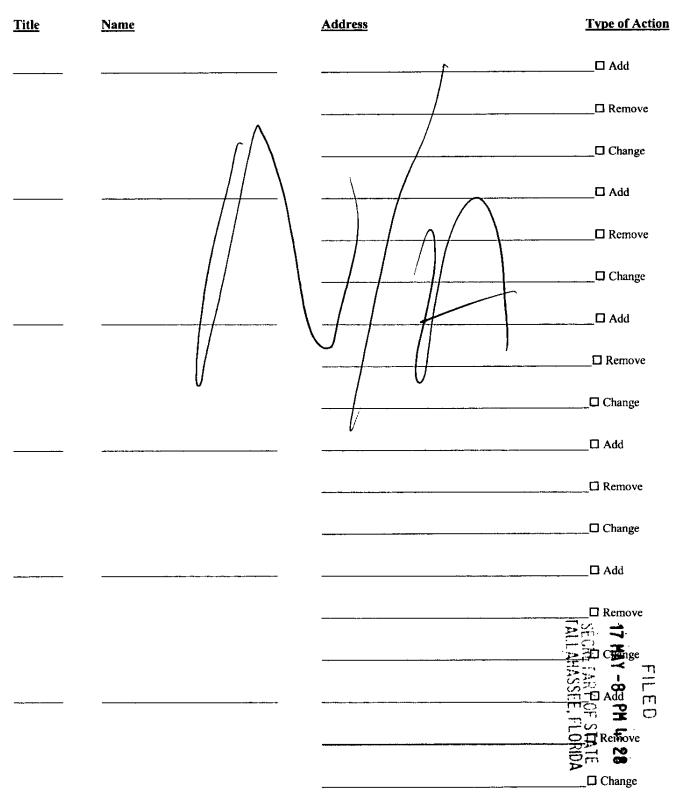
If Changing Registered Agent, Signature of New Regist

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.

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



D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
	 .
	
Effective date, if other than the date of filing: (for effective date, if littled the date week to reside and the fell was the fell with the fell was the fell w	
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursua Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will no document's effective date on the Department of State's records.	t be listed as the
the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the	e earlier of:
o) The 90th day after the record is filed.	
Dated Way 4 , 2017.	
Signature of a member or authorized representative of a member	T HAY
WAR Frances Heller Typed or printed name of signee	6 6
Typed or printed name of signee	PR F :
Page 3 of 3	2
Filing Fee: \$25.00	