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Office Use Only



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

DIV	ision of Corp	ocrations			
SUBJECT:	King Heller Construction, LLC				
SOBJECT.	· · · · · · · · · · · · · · · · · · ·		ited Liability Company		
The enclosed	d Articles of A	Amendment and fee(s) are sub	mitted for filing.		
Please return	all correspor	ndence concerning this matter	to the following:		
		Max Heller			
			Name of Person		
		King Heller Construction,	LLC		
			Firm/Company		
		2117 Fogarty Ave			
			Address		
		Key West, FL 33040			
		·	City/State and Zip Code		
		max@kingheller.com			
		E-mail address: (to be used for future annual report notifi	cation)	
For further in	nformation co	ncerning this matter, please ca	ail:		
Max Heller			305 393-2417 at ()		
	Name of	Person	at ()	Telephone Number	
Enclosed is a	check for the	e following amount:			
■ \$25.00 F	iling 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:

TO:

Registration Section

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

TO ARTICLES OF ORGANIZATION OF

King Heller Construction, LLC		
(<u>Name of the Limited Li</u> (A Fi	ability Company as it now appears on our records.) orida Limited Liability Company)	
he Articles of Organization for this Limited Liabili lorida document number	ty Company were filed on	and assigned
his amendment is submitted to amend the following	g:	
. If amending name, enter the new name of the	limited liability company here:	
ne new name must be distinguishable and contain the words		the abbreviation "L.L.C."
nter new principal offices address, if applicable:		·
<u> Principal office address MUST BE A STREET Al</u>	DDRESS)	
nter new mailing address, if applicable:		
Aailing address MAY BE A POST OFFICE BOX	7)	
		
. If amending the registered agent and/or r	egistered office address on our records.	nten the wame of the
gistered agent and/or the new registered office		0 6
•		중국 크 타
Name of New Registered Agent:		ARY SSE
Traine of their Registrica Agent.	· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:		- Comme
	Enter Florida street address	PALE ORIU
	, Floric	lar>
_	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 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 Changing Registered Agent, Signature of New Registered Agent

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	Otis May	3508 Flagler	□ Add
		Key West, FL 33040	Remove
		(305) 304-1021	
AMBR	Jason Canterbury	1635-1 Scholtz Ct.	
		Key West, FL 33040	■ Remove
		(305) 600-8329	☐ Change
AMBR	Robert Chinnis	22934 Anne Bonny Ln.	Add
		Summer Land Key, FL 33042	☐ Remove
		(305) 923-1300	
AMBR	Vincent Scardina	2123 Flagler Ave	□ Change
		Key West, FL 33040	□ Remove
		(305) 393-9651	□ Change
			Add
			Remove
			Change
			□ Remove
			Change

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ective date, if other than the date of filing:			(optional)	S .	
record specifies a delayed effective date, but no record specifies a delayed effective date.	ds.				
he John day after the record is filed.					
October 22 2015 ted					
	·				
Signature of a member or au	thorized repres	sentative of a mem	per		
Max Heller					
Turned or pai	inted name of s	ignee			

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Filing Fee: \$25.00