L14000192848

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number))
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	

Office Use Only

B. ...



800267723948

12/29/14--01029--017 **30.00

14 DEC 29 AM II: 12
SECRETARY OF STATE
ALL AMASSEE, FLORIDA

J. Shirers JAN 1 2 2015

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: HEDS "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:
Cathy Hedetniemi Name of Person
Name of Person HEDS "LLC" Firm/Company
417 Fredrick Farm Rd Address
Bunnell FL 32110 hedetniemic@yahoo.com
hedetniemic Qyahoo. com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Cathy Hedetniemi at 386, 437-0325 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 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

The Articles of Organization for this Limited Liability Company were filed on 10 and assigned Florida document number <u>L</u>14000192 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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 City 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

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

	MGR = Manager AMBR = Authorized Member		
<u>Title</u>	Name	Address	Type of Action
MGR	<u>Cathy A</u> Hedetnie	mi 417 Fredrick Farm R	2d_□ Add
		Bunnell FL 32110	™ Remove
A <u>MBR</u>	Cathy A Hedetnie	mi 417 Fredrick Farm	Rd Add
		Bunnell FL 32110	□ Remove
4MBR	Bruce E Hedetni	iemi 417 Fredrick Farm	Rd N Add
		Bunnell FL 32110	Remove
			□ Add
			Remove
		ASSET A	EC 29
		FLORIDA	Add The Care Care Care Care Care Care Care Car
			
			□ Remove

аше	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
_	
e effe	ve date, if other than the date of filing (optional) ctive date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after
e date ited	this document is filed by the Florida Department of State)
uea .	Cathyasledetuu
	COTHY A HEARTNIEM!
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

SECRETARY OF STATE