

L14 000 192 848

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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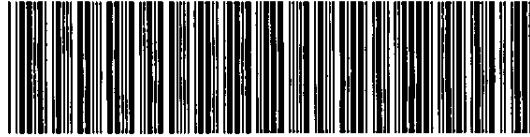
(Business Entity Name)

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TALLAHASSEE, FLORIDA

J. Shivers JAN 12 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

HEDS "LLC"
Firm/Company

417 Fredrick Farm Rd
Address

Bunneil FL 32110
City/State and Zip Code

hedetniemic@yahoo.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:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" 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

HEDS "LLC"

The Articles of Organization for this Limited Liability Company were filed on 12/18/14 and assigned
Florida document number L14000192848

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TALLAHASSEE, FLORIDA

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Cathy A Hedetniemi	417 Fredrick Farm Rd Bunnell FL 32110	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
AMBR	Cathy A Hedetniemi	417 Fredrick Farm Rd Bunnell FL 32110	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
AMBR	Bruce E Hedetniemi	417 Fredrick Farm Rd Bunnell FL 32110	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

E. Effective date, if other than the date of filing _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated Dec 22, 2014

Cathy A Hedetniemi

Signature of a member or authorized representative of a member

Cathy A Hedetniemi

Typed or printed name of signee

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Filing Fee: \$25.00

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