114000197083

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COVER LETTER

SUBJEC				
SUBIE		OMPANIES, LLC		
	UT:	Name of Limi	ited Liability Company	
The encl	losed Articles of a	Amendment and fee(s) are sub-	mitted for filing.	
Please re	eturn all correspo	ndence concerning this matter	to the following:	
		LEE HEATON		
			Name of Person	
		HEATON COMPANIES		
			Firm/Company	
		277 ROYAL POINCIANA	WAY #156	
			Address	
		PALM BEACH, FL. 33480	}	
		lee@heatoncompanies.com	City/State and Zip Code	.
		E-mail address: (t	to be used for future annual report no	tification)
For furth	ner information co	oncerning this matter, please ca	all:	
NANC	Y GAUTHIER		561 833-5500 at ()	
	Name of	Person	Area Code Daytii	me Telephone Number
Enclose	d is a check for th	e following amount:		
\$25.	.00 Filing 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:

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

(Name of the Limi	ted Liability Compa	ny as it now appears	on our records.)			
(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 L14000197083 Florida document number					_ and assigned	
This amendment is submitted to amend the following	owing:					
A. If amending name, enter the new name of	f the limited liabi	ility company her	<u>e</u> :			
The new name must be distinguishable and contain the v	words "Limited Liabil	ity Company," the des	ignation "LLC" or the abbr	eviation "L		
Enter new principal offices address, if applicable:		277 ROYAL POI	NCIANA WAY #156	ಪ	IIA16 IS	
Principal office address MUST BE A STREE		PALM BEACH.	FL. 33480		<u> </u>	
				- 2	75. 73.	
Enter new mailing address, if applicable:		SAME		# 9		
(Mailing address MAY BE A POST OFFICE BOX)				ယ	- 10°	
B. If amending the registered agent and registered agent and/or the new registered of New Registered Agent:	<u>.</u> ,		our records, <u>enter t</u>	ne name	of th	
	277 ROYAL PC	DINCIANA WAY #	56			
New Registered Office Address:			da street address			
	PALM BEACH	I	, Florida 3348	0		
		City	, i ivi ida	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

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>	<u>Name</u>	Address	Type of Action
MGR	LEE HEATON	277 ROYAL POINCIANA WAY #	
		PALM BEACH, FL. 33480	□ D
			Change
MGR	GEORGE HEATON	277 ROYAL POINCIANA WAY #)	
		PALM BEACH, FL. 33480	■ Remove
			□ Change
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ective date, if other than a reflective date is listed, the date te: If the date inserted in this cument's effective date on the	the date of filing: _ must be specific and car s block does not mee	mot be prior to o t the applicabl	date of filing or mo-	option (option) (opti	filing.) Pursuan	nt to 605.020 be listed a
record specifies a dela The 90th day after the r	yed effective data ecord is filed.	e, but not a	n effective tir	ne, at 12:01 a	ı.m. on the	earlier (
JUNE 25		2018				
	$\overline{\mathcal{J}}$	H-\	\wedge			

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Typed or printed name of signee

Filing Fee: \$25.00