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FILED
2015 AUG 13 A ID: 414
SECRETARY OF STATE

MG. 1 4 2015

COVER LETTER

то:	Registration Se Division of Cor					
SUBJE	ССТ:		Services LU ited Liability Company	<u> </u>		
The end	closed Articles of	Amendment and fee(s) are sub-	mitted for filing.			
Please	return all correspon	ndence concerning this matter	to the following:			
		Jason	E. Heelan Name of Person			
		<u>Heelan</u>	Services LLC Firm/Company			
		7530 Car	nal Dr. Address			
		Lake Wo	rth FL 3346	<u> </u>		
		Hee lanser	City/State and Zip Code VICE S Management of State of St	cil Copp	2015	
For furt	her information co	oncerning this matter, please ca	all:	AHA	AUG	
<u>Ja</u>	Son H Name of	Person	at (501) 420- Area Code Daytime	3818 E SKY CREPHONE Number CREPHONE NUMBER	13 A 10: 44	T B
Enclose	d is a check for th	e following amount:		A	Ē	
□ \$25	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Fili Certificate Certified (additional of	e of Stat Copy	

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
Taltahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Heelan's Se	ervices LLC
(<u>Name of the Limited Liabil</u> (A Florid	lity Company as it now appears on our records.) da Limited Liability Company)
The Articles of Organization for this Limited Liability (Florida document number 150001098	Company were filed on <u>August8th</u> and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lim	nited liability company here:
Heelan *	Services LLC
The new name must be distinguishable and contain the words "Lir	mited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1530 Canal Dr
(Principal office address MUST BE A STREET ADD.	RESSI Lake Worth FL33467
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	7530 canal Dr Lake Worth FL 33467
B. If amending the registered agent and/or regi registered agent and/or the new registered office add	istered office address on our records, enter the dame of the new dress here:
Name of New Registered Agent:	Jason Heelan 25 = F
New Registered Office Address:	Enter Florida street address City Florida 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

Page 1 of 3

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

$\mathbf{AMBR} = A$	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
		·	☐ Remove
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Strating Jan 15 when the state of City	
ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date of filing lote: If the date inserted in this block does not meet the applicable statutory ocument's effective date on the Department of State's records.	g or more than 90 days after filing.) Pursuant to 605.
e record specifies a delayed effective date, but not an effecti The 90th day after the record is filed.	ive time, at 12:01 a.m. on the earlie
Pated August 8th, 2015.	
Signature of a member or authorized represen	itative of a member
-	

Page 3 of 3

Filing Fee: \$25.00