

## Florida Department of State

Division of Corporations  
Electronic Filing Cover Sheet

L160000008063

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TALLAHASSEE, FLORIDA

To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : GASDICK, STANTON, EARLY, P.A.  
Account Number : 075350000152  
Phone : (407)423-5203  
Fax Number : (407)425-4105

••Enter the email address for this business entity to be used for future  
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Email Address: mick@gse-law.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN**  
**HELI-PARTNERS PROPERTIES, LLC**

Certificate of Status	0
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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Electronic Filing Menu

Corporate Filing Menu

Help

BB  
7/21/21

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Heli - Partners Properties, LLC

(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 January 16, 2016 and assigned Florida document number L16000008063.

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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

**(Principal office address MUST BE A STREET ADDRESS)**

5071 W. Irla Bronson Hwy

Kissimmee, FL 34746

Enter new mailing address, if applicable:

**(Mailing address MAY BE A POST OFFICE BOX)**

5071 W. Irla Bronson Hwy

Kissimmee, FL 34746

**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:

Solutions Group Accounting Firm

New Registered Office Address:

1404 N. Ronald Reagan Blvd., Suite 1120

Enter Florida street address

Longwood

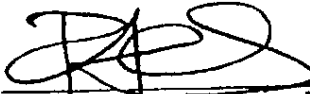
Florida 32750

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.*

 CPA

**If Changing Registered Agent, Signature of New Registered Agent**

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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>	<u>Address</u>	<u>Type of Action</u>
MGR	James L. Gissy	9529 Point Cypress Drive	<input checked="" type="checkbox"/> Add
		Orlando, FL 32836	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Robert M. Carnes	5128 Forsyth Commerce Rd.	<input type="checkbox"/> Add
		Orlando, FL 32836	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

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77

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated July 12<sup>th</sup> 2021

Signature of a member or authorized representative of a member

James L. Gissu  
Typed or printed name of signer

**Filing Fee: \$25.00**