

L16 0000 11477

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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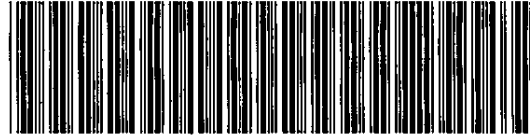
(Business Entity Name)

(Document Number)

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PUBLIC STATE  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JUN 29 2016  
S. YOUNG

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: HELMICA INVESTMENT 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:

MARCELO IRIGORIN  
Name of Person

Firm/Company

3553 W 88 ST  
Address

HALEAH, FL 33018  
City/State and Zip Code

MARCELO@CAMLGMTRADE.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

at (  )  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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

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TALLAHASSEE, FL 32301  
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DIVISION OF CORPORATIONS  
STATE OF FLORIDA

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

HELMICA INVESTMENT 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 1-8-16 and assigned  
Florida document number L16000011477.

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 "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

Florida

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.*

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>      | <u>Address</u>        | <u>Type of Action</u>                   |
|--------------|------------------|-----------------------|-----------------------------------------|
| MGR          | SANTIAGO LABORDA | 201 CRANDON BLVD      | <input checked="" type="checkbox"/> Add |
|              |                  | APT 1235              | <input type="checkbox"/> Remove         |
|              |                  | KEY BESCAVNE FL 33149 | <input type="checkbox"/> Change         |
|              |                  |                       | <input type="checkbox"/> Add            |
|              |                  |                       | <input type="checkbox"/> Remove         |
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|              |                  |                       | <input type="checkbox"/> Add            |
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(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 MAY 16, 2016.

Signature of a member or authorized representative of a member

MARCELO INZGOZIN

Typed or printed name of signee