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(Re	equestor's Name)	
(Ac	idress)	
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PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	





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COVER LETTER

TO: Registration Section Division of Corporations	•	₹ •	
SUBJECT: Billy	Hein F Name of Limited	Liabilit Company	Falts IIC
The enclosed Articles of Amendmen	it and fee(s) are submitte	ed for filing.	
Please return all correspondence con	cerning this matter to th	e following:	
	Jilliam D	Hen II Name of Person	7
 		Firm/Company	
_19	88 Well	S Raddress	
Ov	ange Park	FL 32	2073
<u> </u>	liam.hein.s	used for future annual rep	OWA ort notification)
For further information concerning t	his matter, please call:		
William D. Heir Name of Person		at (<u>90U</u>) (115-3954 Daytime Telephone Number
Enclosed is a check for the following	3 amount:		
	0 Filing Fee & Edificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclose	□ \$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

Bill. Hein Sales LIC	
(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	and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here: Billy Heir Flouring. Sales Lile The new name must be distinguishable and contain the words "Limited Liability Company." the designation "LLC" or the abbrevia Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	tion "L.L.C."
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 registered agent and/or the new registered office address here:	name of the nev
Name of New Registered Agent: Same as file	>
New Registered Office Address: Enter Florida street address	
, Florida	p 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 of 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, <u>enter the title, name, and address of each person being added</u> <u>or removed from our records</u>:

MGR =	Manager	٠
AMBR =	Authorized Memb	oer

Title	<u>Name</u>	Address	Type of Action
			Add
			Remove
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ctive date, if othe	r than the date	of filing:			(an	tional)	
effective date is listed,	the date must be spe	ecific and canno			nan 90 days af	ter filing.) Purs	
 If the date inserte ment's effective da 	ed in this block do te on the Departn	oes not meet the nent of State's	ie applicable sta records.	itutory tiling rec	quirements, t	nis date will i	not be listed
ecord specifies ne 90th day afte	a delayed effe r the record is	ctive date, s filed.	but not an e	effective time	, at 12:01	a.m. on t	he earliei
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Filing Fee: \$25.00