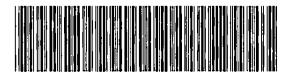
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COVER LETTER

	gistration Sec ision of Corp			
SUBJECT.	HEI4N, LL			
SUBJECT			ited Liability Company	
The enclosed	d Articles of a	Amendment and fee(s) are subt	mitted for tiling.	
Please return	all correspon	ndence concerning this matter t	to the following:	
		Joseph C. Skatski		
			Name of Person	
		Skalski Law Firm, LLC		
			Firm/Company	
		4243 Dunwoody Club Driv	re, Suite 214	
			Address	
		Atlanta, Georgia 30350		
•			City/State and Zip Code	
		joeskalski@msn.com		~)
•		t-mail address: (t	o be used for future annual report notifie	ation)
For further in	nformation co	oncerning this matter, please ca	dl:	
Joseph C. Sl	kalski		678 336-5329	
	Name of	Person	at () Area Code Daytime T	Celephone Number
Enclosed is a	i check for th	e following amount:		
\$25.00 F	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

HEI4N, LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	iny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on July 19, 2016 and a	ssigned
Florida document number L16000135549		
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liab</u>	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "	L.L.C."
Enter new principal offices address, if applicable:	4869 South Atlantic Avenue	
(Principal office address MUST BE A STREET ADDRESS)	Ponce Inlet, Florida 32127	
Enter new mailing address, if applicable:	P.O. Box 1270	
(Mailing address MAY BE A POST OFFICE BOX)	Clarkesville, Georgia 30523	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		of the ne
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	
	City Zip Code	<u>.</u>

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	
			Add	
		<u> </u>	Remove	
			Add	
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ffective date if other than the date of filing:	(ontional)
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 some of the date inserted in this block does not meet the applicable state ocument's effective date on the Department of State's records.	f filing or more than 90 days after filing.) Pursuant to 605.0207 utory filing requirements, this date will not be listed as
e record specifies a delayed effective date, but not an ef The 90th day after the record is filed.	fective time, at 12:01 a.m. on the earlier o
March 10 2018	
Carol Lovell	
Signature of a member or authorized rep	presentative of a member
Carol Lovell, Manager	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00