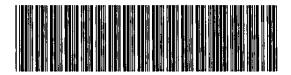


(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



400294000704

01/09/17--01006--016 **25.00

SCRETARY OF STATE

S WarrenJAN 1 0 2017

COVER LETTER

	gistration Se ision of Cor	
SUBJECT:	HEINKEL	LLC.
sendle i.		Name of Limited Liability Company
The enclosed	d Articles of	Amendment and fee(s) are submitted for filing.
Please returi	all correspo	ndence concerning this matter to the following:
		Susy Chemen
		Name of Person
		Susie Chemen Consulting LLC
		Firm/Company
		20225 Ne 34th. ct. Apt 2316
		Address
		Aventura- FL 33180
		City/State and Zip Code
		suchemen@hotmail.com
		E-mail address: (to be used for future annual report notification)
For further in	nformation co	oncerning this matter, please call:
Susy Cheme	en	305 469-6873 at ()
	Name of	Person Area Code Daytime Telephone Number
Enclosed is a	check for th	e following amount:
■ \$25.00 F	iling Fee	☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee. Certificate of Status Certified Copy (additional copy is enclosed) 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**

HEINKEL LLC.	
(<u>Name of the Limited L</u> (A F	Liability Company as it now appears on our records.) Florida Limited Liability Company)
	ility Company were filed on January 1st. 2017 and assign
lorida document number L17000000179	·
this amendment is submitted to amend the following	ng:
. If amending name, enter the new name of the	e limited liability company here:
he new name must be distinguishable and contain the words	s "I imited I iability Company," the designation "LLC" or the alsoreviation "LL-
Enter new principal offices address, if applicable	e: 25 2 1
Principal office address MUST BE A STREET A	ADDRESS)
	3: 3.1 STATE ORIDA
nter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX	<u></u>
•	
. If amending the registered agent and/or egistered agent and/or the new registered office	registered office address on our records, enter the name of e address here:
Name of New Registered Agent:	
Name of New Registered Agent: New Registered Office Address:	
	Enter Florida street address
	Enter Florida street address, Florida City Zip Code

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, <u>enter the title, name, and address of each person</u> <u>being added</u> <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Susy Chemen	8181 NW 36 Street Suite 1001	Add
	·	Doral FL 33166	-
			Change
AMBR	EDPROM LLC	8181 NW 36 Street Suite 1001	₽ Add
		Doral FL 33166	□ Remove
			☐ Change
			Add
			☐ Remove
		- Ald Market and a state of the same and a	Change
	and the state of t	%	Add
			□ Remove
			☐ Change
	Mark to the Magney or a second		Add
		ा । हा जा का का का	□ Remove
		ASSEE.	D Add
		FLORIDA	

•				
		and the second s	****	
		and the state of t		
				·
fective date, if other than the n effective date is listed, the date mus	st be specific and cannot be prictock does not meet the appli	or to date of filing or more the icable statutory filing requ		
	epartment of State's record	S.		
rument's effective date on the Di record specifies a delayed		ot an effective time,	at 12:01 a.m. on	the earlier c
rument's effective date on the Di record specifies a delayed The 90th day after the rec		ot an effective time,	海昌	77
ote: If the date inserted in this blocument's effective date on the Director specifies a delayed. The 90th day after the rectated 3 January	ord is filed.	7. N	SSEE TAI	the earlier o

Page 3 of 3

Filing Fee: \$25.00