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(Re	questor's Name)	<u>.</u>
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S. WARREN SEP 1 9 2017

## COVER LETTER

. . . . .

TO: Registration So Division of Cor		•	
SUBJECT: HELL	Y TEC LLC Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	HOLLY	URBA N Name of Person	
	HELLY TEC	Firm/Company	
	8297 CHAM	Address	# 355
	CHAMPIONS GA	TE FL 33896 City/State and Zip Code	<del></del>
	HELP @ HELLYT E-mail address: (	EC . CO M to be used for future annual report notif	ication)
For further information of	concerning this matter, please ca	all:	
Namo	of Person	at () Area Code Daytime	a Talankova Numbur
rvanie v	A T CISHI	Alca Coac Dayline	o reseptione ratifices
Enclosed is a check for the	· ·		
☑ \$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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability ( (A Florida Lin	ompany as it now appears on our records.) mied Liability Company)
The Articles of Organization for this Limited Liability Com Florida document number <u>L 1 7-000 138 763</u>	. 1
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limited</u>	l 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:	
( <u>Principal office address MUST BE A STREET ADDRES</u>	<u></u>
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or register registered agent and/or the new registered office addres	ed office address on our records, <u>enter the name of the new s here</u> :
Name of New Registered Agent: HOL	LY URBAN
	7 CHAMPIONS GATE BLND ± 355 Enter Florida street address
CHAMPO	NS GATE, Florida 33896  City Zip Code
New Registered Agent's Signature, if changing Registered A	gent:
provisions of all statutes relative to the proper and com	I agree to act in this capacity. I further agree to comply with the plete performance of my duties, and I am familiar with and it as provided for in Chapter 605, F.S. Or. if the document is office address. I hereby confirm that the limited highlighted the confirmation of the confirmati

Page 1 of 3

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 = AMBR =	Manager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	HOLLY URBAN	8297 CHAMPIONS GATE BLVD #	Add
		CHAMPIONS GATE, FL 33896	☐ Remove
			☐ Change
MGR	TOMAS V.ZIUPSNYS	8297 CHAMPIONS GATE BLUD #	<b>355</b> □ Add
		CHAMPIONS GATE, FL 33896	Remove
			Change
			Add
			Remove
			☐ Change
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		NO A	<b>8</b>

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fect	ive date, if other than the date of filing: 07/03/2017 (optional) ective 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 605.0
ote:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed ent's effective date on the Department of State's records.
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier 90th day after the record is filed.
ited	August 320 . 2017 .
	Aug 10 om
	Signature of a member or authorized representative of a member
	HOW Y HOPPON
	HOLLY URBAN Typed or printed name of signee
	Typed or printed name of signee
	HOLLY URBAN Typed or printed name of signee Page 3 of 3 Page 3 of 3

Filing Fee: \$25.00