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Amendice

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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Heck and Sons Residential 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:
Joshawa D. Heck Name of Person
Heck and Sons Residential LLC
11 Savannah Rd Address
City/State and Zip Code (32327) Orlene heck Gicloud. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Joshawa Heck of Holene Hinkat (701), 580-7916/423-736-6894 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee □ \$30.00 Filing Fee &

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TIECK and Jons	Residentia	I LC C
(Name of the Limited Liability Com (A Florida Limite	ipany as it now appears on ot ed Liability Company)	ir records.)
The Articles of Organization for this Limited Liability Compa Florida document number <u>L/7000/547</u> 28	ny were filed on	101 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
The new name must be distinguishable and contain the words "Limited Lia	ability Company," the designat	ion "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 here:	ce address on our record	s, enter the name of the new registered
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:	Enter Florida stro	vet address
		. Florida
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

11 - 1-

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
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		Crawfolduille Fl. 32327	□Remove
			□Change
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record specific is filed.	s a delayed e	effective date, bu	ut not an ef	fective tim	e, at 12:01	a.m. on the	earlier of:	(b) The 9	0th day after the
ned <u>Ja</u>	nvar	Josha Signature	· . Ø	1020	<u>)</u> .				
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