# 117000252479

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

N COOPER NAR 2 3 2018

### **COVER LETTER**

TO:

**Registration Section Division of Corporations** 

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:

# ROSS GIBBS

Firm/Company

# 20169 CORKSCREW SHORES BLVD

Address

# rossgibbs@heitraction.com E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Enclosed is a check for the following amount:

■ \$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**

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**HEI Traction, LLC** 

(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 December 11, 2017 and assigned Florida document number L17000252479

This amendment is submitted to amend the following:

A.	If amending n	ame, enter	the new na	ame of the	limited liability	company	here:
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(Principal office address MUST BE A STREET ADDRESS)  Estero, FL 33928	mane must be distinguishable and contain the w	voids Limited Liabi	oility Company," the designation "L.L.C." or the abbreviation "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 name registered agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  20169 Corkscrew Shores Blvd	new principal offices address, if applic	able:	20169 Corkscrew Shores Blvd
(Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office address on our records, enter the name registered agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  20169 Corkscrew Shores Blvd	pal office address MUST BE A STREE	ET ADDRESS)	Estero, FL 33928
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Estero Florida 33928	red agent and/or the new registered of  Name of New Registered Agent:	ffice address her	Corkscrew Shores Blvd  Enter Florida street address

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

MGR =	Manager
AMRD -	Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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	earli
March 12th, 2018	
Ran Jah	
Signature of a member or authorized representative of a member	

Page 3 of 3

Filing Fee: \$25.00