

LI7000260454

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

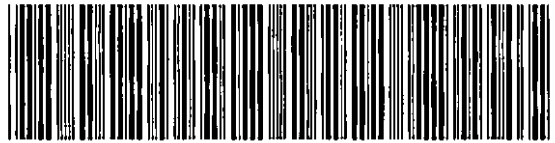
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300317430703

08/27/18--01007--029 **25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
18 AUG 27 AM 11:45

NI COOPER

AUG 29 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Helix Group International, 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:

Sarah Grieb

Name of Person

Roetzel & Andress, LLP

Firm/Company

850 Park Shore Drive - Third Floor

Address

Naples, Florida 34103

City/State and Zip Code

sgrieb@ralaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sarah Grieb

239

649-2727

Name of Person

at ()

Area Code

Daytime Telephone Number

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

Helix Group International, 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 12/22/2017 and assigned
Florida document number 117000260454.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited 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:

(Principal office address MUST BE A STREET ADDRESS)

1265 Kuhn Drive

Suite 100

St. Cloud, MN 56301

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1265 Kuhn Drive

Suite 100

St. Cloud, MN 56301

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

City

Zip Code

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

18 AUG 27 AM 11:45

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>	<u>Address</u>	<u>Type of Action</u>
MGR	Michael G. Windfeldt	1265 Kuhn Drive	<input type="checkbox"/> Add
		Suite 100	<input type="checkbox"/> Remove
		St. Cloud, MN 56301	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

18 AUG 27 AM 11:45

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective 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 405.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

(b) The 90th day after the record is filed.

Dated 22 Aug 2018

Signature of a member or authorized representative of a member

Michael G. Windfeldt, Manager

Typed or printed name of signer