L18000201911

(Requestor's Name)
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COVER LETTER

TO:

TO: Registration Division of	n Section Corporations		
CUDINCT.	HELIX ENTERPRI	SES /LC	
SUBJECT:	Name of Limited Liability Com	pany	•
The enclosed Articles	s of Amendment and fee(s) are submitted for filing.		
Please return all corre	espondence concerning this matter to the following:	:	
	Tianxiao Liu	ι	
	Helix Enterpris		_
	Firm/Com		
	8812 Chunnel	Ter	_
	*		202
	Boca Raton F	-L 33433	
	TLIU@MOBU	Zip Code	2023 HAR -1
	E-mail address: (to be used for futu	ire annual report notification)	•
For firether informati	on concerning this matter, please call:		
_		2 22 7 2 2 1	
- Tianxiao	me of Person at (22)	9 329 Z721 Code Daytime Telephone Numl	ber
Na	me of Person		
	C. A. C. Handing amount		
	for the following amount: re	iling Fee & S60.00	Filing Fee,
□ \$25.00 Filing Fe	Certificate of Status Certified	l Copy Certifi Leony is enclosed) Certifi	icate of Status & ied Copy mal copy is enclosed)
		Street Address:	
<u>Mailing Ac</u> Registrati	ion Section	Registration Section	
Division P.O. Box	of Corporations	Division of Corporations The Centre of Tallahassee	
-	ee, FL 32314	2415 N. Monroe Street, Suite Tallahassee, FL 32303	e 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HELIX ENTERPE	
(<u>Name of the Limited Liability Compa</u> (A Florida Limited L	ny as it now appears on our records.) lability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L18000201911</u> .	were filed on $8/22/2018$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
The new name must be distinguishable and contain the words "Limited Liabil	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	8812 Chunnel Ter Boca Raton FL 33433
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	8812 Chunnel Ter Boca Raton FL 33433
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new registered
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 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 Type of Action Address Title <u>Name</u> _____ □Change □ Remove □ Change Remove دے Change □Add ____ Change _____ □Add _____ □Remove _____ □Change □Remove

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record specifies a del lis filed.	layed effective date, b	out not an effectiv	re time, at 12:01 a	um, on the earlier (oř. (b) The 90	th day after the
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