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FEB 14 2019 S. YOUNG

COVER LETTER

	egistration Se vision of Cor							
		Asset Management LLC						
Name of Limited Liability Company								
The enclose	ed Articles of .	Amendment and fee(s) are sub	mitted for filing.					
Please retur	rn all correspo	ndence concerning this matter	to the following:					
		Armen Karakashian						
			Name of Person					
		Heisler Park Asset Manage	ement LLC					
			Firm/Company					
	9128 Strada Pl Ste 10115							
			Address					
		Naples, FL 34108						
		armen@heislerparkam.com	City/State and Zip Code					
		É-mail address: (to be used for future annual report notif	ncation)				
For further	information co	oncerning this matter, please ca	all:					
Armen Kai	rakashian		239 249 - 5909					
	Name of	f Person	Area Code Daytime	e Telephone Number				
Enclosed is	a check for th	ne 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

Heisler Park Asset Management L	LC	
(Name of the Lim	ited Liability Company as it now appears on our (A Florida Limited Liability Company)	records.)
The Articles of Organization for this Limited I		2019 and assigned
lorida document number L19000028256	·	
his amendment is submitted to amend the fol	lowing:	
a. If amending name, enter the new name o	of the limited liability company here:	
he 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 appli	cable:	
Principal office address MUST BE A STRE	ET ADDRESS)	
inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE		
 If amending the registered agent and egistered agent and/or the new registered or 		cords, enter the name of the no
egistered agent and/or the new registered c	mice address nere.	
Name of New Registered Agent:	Armen Karakashian	
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

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>	Type of Action
AMBR	Armen Karakashian	9128 Strada Pl Ste 10115	_
		Naples, FL 34108	Add
			Remove
			- a:
	Karakashian Armen	9128 Strada Pl Ste 10115	Change
AMBR	Teaturasman Avinesi		
		Naples, FL 34108	
			Remove
			☐ Change
			□ Remove
			Change
			Remove
			Change
			☐ Remove
			Change
			Remove
			☐ Change

D. If amending any other informa				
				
				
		-		_
		_		
				<u></u>
				
1				
				
	- 			
E. Effective date, if other than the (If an effective date is listed, the date mu Note: If the date inserted in this b document's effective date on the fi	lock does not meet the app	licable statutory filing	(optional) re than 90 days after filing.) Pursus requirements, this date will no	ant to 605.0207 (3)(ot be listed as the
If the record specifies a delaye (b) The 90th day after the rec		not an effective ti	me, at 12:01 a.m. on th	e earlier of:
Dated	2019			
	// <u></u>			
n	Signature of a member or au	thorized representative of	of a member	
Armen Karakashian				
	Typed or pri	inted name of signee		

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Filing Fee: \$25.00