219 (66 224265

| (Re | equestor's Name) | |
|-------------------------|--------------------|-------------|
| (Ad | ldress) | |
| (Ad | ldress) | |
| (Cit | ty/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | isiness Entity Nar | me) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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COVER LETTER

Registration Section Division of Corporations

TO:

| SUBJECT: Helio Con | usin, LLC | | | | |
|---|--|---|---|--|--|
| | Name of Lim | ited Liability Company | | | |
| | | | | | |
| The enclosed Articles of | Amendment and fee(s) are sub | emitted for filing. | | | |
| Please return all correspo | ondence concerning this matter | to the following: | | | |
| | | | | | |
| | Isaac M. Gray, III | | | | |
| | | Name of Person | | | |
| | Hello Cousin, LLC | | | | |
| | | Firm/Company | | | |
| | 4330 E. Tradewinds Ave. | | | | |
| Address | | | | | |
| | Lauderdale By The Sea, F | £L 33308 | | | |
| | | City/State and Zip Code | | | |
| | grayisaac@protonmail.com | n | | | |
| | E-mail address: (| to be used for future annual report noti | fication) | | |
| For further information c | oncerning this matter, please c | all: | | | |
| Isaac M. Gray, III | | 786 448-1259 | | | |
| · | f Person | Area Code Daytim | e Telephone Number | | |
| | | | | | |
| Enclosed is a check for the | he 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 Addres Registration S Division of C P.O. Box 632 Tallahassee, 1 | Section Corporations 27 | Street Address: Registration Sec Division of Cor The Centre of T | porations allahassee | | |
| Tallahassee, l | FL 32314 | 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 | | | |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Hello Cousin, LLC

2020 FYT 25 PH 12: 12

(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 Liabili | ty Company were filed or | 9/4/2019 | and assigned |
|--|--|---------------------------------------|---|
| Florida document number L 19000224266 | · | | |
| This amendment is submitted to amend the following | g: | | |
| A. If amending name, enter the new name of the | limited liability compan | y 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 AL | DDRESS) | | |
| | | | |
| | | | |
| | | | |
| (Mailing address MAY BE A POST OFFICE BOX | 2 | | |
| | | | |
| B. If amending the registered agent and/or regist agent and/or the new registered office address he | ered office address on or re: | ur records, <u>enter</u> | the name of the new registered |
| Name of New Registered Agent: | | | |
| New Registered Office Address: | | . <u></u> | |
| | Enter | Florida street addre: | SS |
| _ | | FI | orida Zip Code |
| N. B. C. L. G. C. | City | | Zip Code |
| I hereby accept the appointment as registered age provisions of all statutes relative to the proper an accept the obligations of my position as registere being filed to merely reflect a change in the regis | ent and agree to act in to ad complete performance d agent as provided for tered office address. I he | e of my duties, a. in Chapter 605, | nd I am familiar with and F.S. Or, if this document is |
| | | | |

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 |
|--------------|---------------------|---------------------------------------|-----------------|
| Title AMBR | Constance, Randy J. | | |
| | | 7625 Tropicana St., Miramar, FL 33023 | LIAGO |
| | | | ≡ Remove |
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| . If amen | ding any other informa | tion, enter ch | iange(s) here: | (Attach addi | itional sheets | , if necessary. |) | |
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| (If an effect Note: If | e date, if other than the tive date is listed, the date must the date inserted in this blots's effective date on the De | t be specific and ock does not m | cannot be prior to seet the applicab | date of filing or | r more than 90 d | ays after filing.) | Pursuant to 605.0. All not be listed | 207 (as t |
| he record s ord is filed | specifies a delayed effective l. | e date, but not | an effective time | e, at 12:01 a.n | n. on the earlie | er of: (b) The | 90th day after th | 1e |
| | EBRUARY 10 | | 2020 | | | | | |
| Dated | Sage | Sh | Mo | <u> </u> | | | | |
| | | Signature of a n | nember or authori | ved representati | ive of a member | | | |
| | | | Typed or printed | name of signee | <u> </u> | | _ | |