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JUN 1 6 2020 S. YOUNG

COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT: Helios	s 277 Holdings LLC				
SUBJECT:		nited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Sanford J. Aaron				
		Name of Person			
	Name of Person JOELSON ROSENBERG, PLC Firm/Company 30665 Northwestern Hwy Ste 200 Address Farmington Hills, MI 48334 City/State and Zip Code saaron@jdawplc.com E-mail address: (to be used for future annual report notification) In concerning this matter, please call: Sanford Aaron at (248)626-9966 Area Code				
	Firm/Company				
	30665 Northwestern	Hwy., Ste 200			
		Address			
	Farmington Hills, MI	48334			
		City/State and Zip Code	_		
	saaron@jrlawplc.co	m			
	E-mail address: (to be used for future annual report no	tification)		
For further information c	oncerning this matter, please c	all:			
	Sanford Aaron	at (_248)626-9966			
Name o	f Person	Area Code Daytir	ne Telephone Number		
Enclosed is a check for the	ne following amount:				
	-	Certified Copy	Certificate of Status & Certified Copy		
P.O. Box 632	Section Corporations 7	Registration Se Division of Co The Centre of	orporations Tallahassee		
Tallahassee, I	rt. 52514	2415 N. Monro	oe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Helios 277 Holdings LLC				
(<u>Name of the Limited Liability Compa</u> (A Florida Limited l	any as it now appears on our recor Liability Company)	<u>ds.</u>)		
The Articles of Organization for this Limited Liability Company	were filed on <u>May 8, 2020</u>	and assigned		
Florida document number <u>L20000125362</u> .				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	oility company here:			
Helios Holdings 277 LLC				
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLt	C" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	44	20		
(Principal office address MUST BE A STREET ADDRESS)		020		
		1-1 3 11		
		26		
Enter new mailing address, if applicable:		<u> </u>		
(Mailing address MAY BE A POST OFFICE BOX)		50% 65 U		
B. If amending the registered agent and/or registered office :	address on our records, <u>entei</u>	r the name of the new register		
agent and/or the new registered office address here:				
Newsoft No. 10 10 10				
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:				
hereby accept the appointment as registered agent and agree	ee to act in this capacity. I fi	irther agree to comply with t		

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>	Address	Type of Action
			□ Add
			□Remove
			☐ Change
			□ Add
			□Remove
			□Change
			□Add
			Remove
			Change
			Remove
			□Change
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f an effective date is l Note: If the date is	other than the date of fi isted, the date must be specific iserted in this block does no we date on the Department of	c and cannot be prior to da not meet the applicable	te of filing or more than		
e record specifies a rd is filed.	delayed effective date, but	not an effective time,	at 12:01 a.m. on the e	arlier of: (b) The 90th d	ay after the
Dated May 20		2020			
					
Jaica	شكمد				
		of a member or authorized		nhar	

Filing Fee: \$25.00