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TO:

Registration Section Division of Corporations

| HELE US | A, LLC | | |
|-------------------------------|--|---|---|
| SOBJECT. | Name of Lin | ited Liability Company | |
| The enclosed Articles o | f Amendment and fee(s) are sub | mitted for filing. | |
| Please return all corresp | ondence concerning this matter | to the following: | |
| | Emanuel Goldszmidt | | |
| | | Name of Person | |
| | Professional title and Clos | ing Services | |
| | | Firm/Company | |
| | 800 SE 4th Ave. Ste 124 | | |
| | | Address | |
| | Hallandale Beach, FL 330 | 09 | |
| | | City/State and Zip Code | |
| | title@prsflorida.com | | |
| | E-mail address: (| to be used for future annual report not | ification) |
| For further information | concerning this matter, please c | all: | |
| Emanuel Goldszmidt | | at () 933-1626 | |
| Name | of Person | at () Area Code Daytin | ne 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 Addre Registration | Section | <u>Street Address:</u> Registration Se | |
| Division of O P.O. Box 63 | • | Division of Cor The Centre of T | |
| Tallahassee, | | | e Street, Suite 810 |

Tallahassee, FL 32303

ocuSign Envelope ID: 4584FCC7-CDF8-4941-AE5A-CE9505C21DC7

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

| HELE USA, LLC | | |
|--|--|------------------------------|
| (<u>Name of the Limited Liability Con</u> (A Florida Limit | npany as it now appears on our recorded Liability Company) | <u>ds.</u>) |
| The Articles of Organization for this Limited Liability Compa | any were filed on 10/13/2020 | and assigned |
| Florida document number L20000312021 | | 207 |
| This amendment is submitted to amend the following: | | F1LE 2020 OCT 27 |
| A. If amending name, enter the new name of the limited li | | ~ 무 [] |
| The new name must be distinguishable and contain the words "Limited Li | ability Company," the designation "LLC | " or the abbreviation "L.C." |
| Enter new principal offices address, if applicable: | | <u>ස</u> |
| (Principal office address MUST BE A STREET ADDRESS) | | |
| Enter new mailing address, if applicable: 'Mailing address MAY BE A POST OFFICE BOX') | | |
| 3. If amending the registered agent and/or registered office gent and/or the new registered office address here: | ce address on our records, <u>enter</u> | the name of the new register |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida street addres | NS. |
| | . Fl | orida |
| —————————————————————————————————————— | City | Zip Code |

hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and cept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is ing filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability mpany has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

ocuSign Envelope ID: 4584FCC7-CDF8-4941-AE5A-CE9505C21DC7
II amending Authorized rerson(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 |
|--------------|--------------------------------------|-----------------------------|------------------|
| MGR | LESSER DE HEECKEREN. MATIAS.A. | 15811 COLLINS AVE # 2104 | ≣ Add |
| | | SUNNY ISLES BEACH, FL 33160 | 🗀 Remove |
| | | | |
| MGR | LESSER DE HEECKEREN, DOMINIQUE M. | 15811 COLLINS AVE # 2104 | ≣ Md = |
| | | SUNNY ISLES BEACH, FL 33160 | REmove |
| | | | ∷ □Change |
| MGR | LESSER DE HEECKEREN. CHRISTINE M. | 15811 COLLINS AVE # 2104 | ≡ Add |
| | | SUNNY ISLES BEACH, FL 33160 | □Remove |
| | | | □Change |
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| ffective date, if other than the da an effective date is listed, the date must be | te of filing: | <u> </u> | (optional) | |
| Sote: If the date inserted in this block | does not meet the applicable | date of filing or more than 90 e statutory filing requirem | days after filing.) Pursuar ents, this date will not | nt to 605,0207 (be listed as t |
| ocument's effective date on the Depa | rtment of State's records. | | | |
| record specifies a delayed effective datisfiled. | ate, but not an effective time | , at 12:01 a.m. on the earl | ier of: (b) The 90th d | ay after the |
| october 21 | 2020 | | | |
| | DocuSigned by: | | | |
| | Mish | ed representative of a membe | | |

Filing Fee: \$25.00

Typed or printed name of signee