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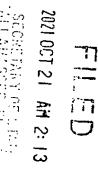
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Special Instructions to Filing Officer:





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COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT: HE		OPERTIES LL ited Liability Company	<u>C</u>
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	NICHOLA	STAVOLA Name of Person	
		Firm/Company	
	2856 NE	36TH STREE	= = = = = = = = = = = = = = = = = = = =
	FT LAUDE	City/State and Zip Code	33308
	HELICONHA!	PROPERTIES F to be used for future annual report notif	L@GMAILCOM
For further information co	ncerning this matter, please ca	all:	
NICHOLAS :	STAVOLA Person	at (<u>908</u>) <u>601</u> - Area Code Daytime	e Telephone Number
Enclosed is a check for the	e following amount:		
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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

FILED

2021 OCT 21 AM 2: 13

SECRETARY OF COATS HELICONIAPRO (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)

	City Zip Code
	, Florida
New Registered Office Address:	Enter Florida street address
Name of New Registered Agent:	
3. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the name of the new registers</u>
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)	SAME AS ABOVE
Enter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS)	2856 NE 36TH STREET FURT LAUDERDALE, FL 33308
HELICONIA PROPERTIES The new name must be distinguishable and contain the words "Limited Liabil	
A. If amending name, enter the new name of the limited liab	ility company here:
This amendment is submitted to amend the following:	
The Articles of Organization for this Limited Liability Company Florida document number <u>L2100033947</u> 5	
The Articles of Organization for this Limited Liability Company	were filed on 8 · 1 · 2001 and assigned

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MgR	NICHULAS STAVOLA	2856 NE 36+H ST	(A70)
U		FORT LANDERDALE, FL 33	
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effective date is listed, the te: If the date inserted it	date must be specific an	nd cannot be prior to c	late of filing or more t	han 90 days after fili	ng.) Pursuant to 605.020
nument's effective date				•	
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s filed.	refrective date, but no	it an effective time.	, at 12.01 a.m. on t	ic carner or. (0)	The 90th day after the
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