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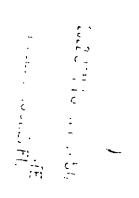
(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
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(Document Number)
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COVER LETTER

TO:

Tallahassee, FL 32314

	Registration Se Division of Cor					
SUB IEC	HeliMax Ll	LC				
SUBJECT:						
The enclos	sed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please rett	urn all correspo	ondence concerning this matter	to the following:			
		Gabriella Garcia				
			Name of Person			
		HeliMax LLC				
			Firm/Company			
		7941 NW 181 ST.				
		Address				
		Hialeah, FL, 33015				
		gabriellaraegarcia33@gmai				
			to be used for future annual report n	otification)		
		oncerning this matter, please c				
Gabriella			305 502-1661 at ()			
	Name o	f Person	Area Code Day	time Telephone Number		
Enclosed i	is a check for th	ne following amount:				
\$25.0	0 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)		
	Nailing Addres		Street Address:			
	Registration Solvision of C		Registration S Division of C			
	P.O. Box 632		The Centre o			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HeliMax LLC (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 Liability Company were filed on $\frac{10/21/2021}{100}$ _____ and assigned Florida document number L21000459499 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 3301 NW 73rd ST. Enter new principal offices address, if applicable: Miami, FL 33147 (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

If Changing Registered Agent, Signature of New Registered Agent

_, Florida ___

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
MGR	Gabriella R Garcia	7941 NW 181 St.	≣Add
		Hialeah, FL 33015	□ Remove
			Change
AMBR	Christian M Roman	1802 NE 115 St.	□Add
		Miami, FL 33181	□Remove
			■Change
			□Add
			Remove
			□Change
			□Add
			□ Remove
			Change
			□Add
			Remove
			Change
			□Add
			□Remove
			□ Change

	<u> </u>
Effective date	e, if other than the date of filing: (optional) to be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207
Note: If the da	ite inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
document's effi	ective date on the Department of State's records.
document sen	
ne record specifi	es a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
	es a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ne record specific ord is filed.	es a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the January 12. 2022
ne record specifi	
ne record specific ord is filed.	January 12. 2022
ne record specific ord is filed.	

Filing Fee: \$25.00



RECEIVED

2022 JAN 18 AM 8: 03

FLORIDA DEPARTMENT OF STATE Division of Corporations SECRETARY OF STATE TALL AHASSEE, FL

December 12, 2021

GABRIELLA GARCIA 7941 NW 181 ST. HIALEAH, FL 33015

SUBJECT: HELIMAX LLC Ref. Number: L21000459499

We have received your document for HELIMAX LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The titles you have listed for the individuals or business entities which will manage the limited liability company are not acceptable. We cannot accept the terms: partner, officer, owner or member. You must insert the letters "MGRM" for each individual or business entity that is a member and will serve in a managerial capacity. If the individual or business entity is not a member, but will serve in a managerial capacity, you must insert the letters "MGR." We will also accept "Authorized Representative", "Authorized Person", and "Authorized Member".

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 921A00029892

Anissa Butler Regulatory Specialist II

www.sunbiz.org