122000174174

(Requestor's Name)	
(Address)	
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(Business Entity Name)	
(Document Number)	
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2022 SEP -2 PH 12: 36 SECRETARY OF STATE TALLAHASSEE, FL

COVER LETTER

TO:	Registration Section		
	Division of Corporations		

HELIPOWER USA LLC SUBJECT:

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Name of Limited Liability Company

, . . .

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

	Enrique Nowogrodzki		
		Name of Person	
	CPA Services Com Corp		
		Firm/Company	
	18501 Pines Blvd # 207		
		Address	
	P Pines, FL 33029		
		City/State and Zip Code	
	enrique@cpaservicescorp.c	om	
	E-mail address: (to be used for future annual report notifi	cation)
For further information c	concerning this matter, please e	all:	
Enrique Nowogrodzki		954 261 2413	
Name of Person		Area Code Daytime	Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee	S30.00 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)
<u>Mailing Addres</u> Registration S Division of C P.O. Box 632 Tallahassee, J	Section Forporations 7	<u>Street Address:</u> Registration Scc Division of Corp The Centre of Ta 2415 N. Monroe	orations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HELIPOWER USA 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 Co Florida document number <u>L22000174174</u>	mpany were filed on 4/12/202	2 and assigned
This amendment is submitted to amend the following:	-	
A. If amending name, <u>enter the new name of the limit</u>	ed liability company here:	
n/a		
The new name must be distinguishable and contain the words "Limit	ed Liability Company," the designat	ion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	n/a	
(Principal office address MUST BE A STREET ADDRI	ESS)	
Enter new mailing address, if applicable: (<u>Mailing address MAY BE A POST OFFICE BOX)</u>	n/a	
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records	-2
Name of New Registered Agent: n/a		
New Registered Office Address:	Enter Florida stre	Et address
		, Florida
	City	, Florida Zip Code

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:

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MGR = Manager AMBR = Authorized Member

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Title	<u>Name</u>	Address	Type of Action
MGR	Fernando Gabriel Marazas	Jose de San Martin 1033	🖬 Add
		. Quilines Este, Buenos Aires, Argentina (Código po	osta
			□Change
			🗌 Add
			_ 🗆 Remove
			_ DChange
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

E. Effective date, if other than the date of filing: ______ (optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated		/	
		, v	SIG
	Signature of a member or authorized	representat	ive of a member

Pablo A. Servidio

Typed or printed name of signee