## L22000227120

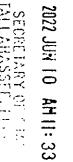
| (Req                      | juestor's Name)  |                |
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| (City.                    | /State/Zip/Phon  | e #)           |
| PICK-UP                   | ☐ WAIT           | MAIL           |
| (Bus                      | iness Entity Nar | me)            |
| (Doc                      | ument Number)    | ,              |
| Certified Copies          | Certificates     | s of Status    |
| Special Instructions to F | iling Officer:   |                |
|                           | J. HC<br>AUG 2   | ORNE<br>7 2022 |
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Office Use Only



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## **COVER LETTER**

| TO: Registration 9 Division of Co |  |  |   |
|-----------------------------------|--|--|---|
| SUBJECT:                          | HELI AG L                                    | LLC  |   |
|                                   | Name of Lir                                  | nited Liability Company  |   |
| The enclosed Articles of          | f Amendment and fec(s) are sul               | bmitted for filing.  |   |
| Please return all corresp         | ondence concerning this matter               | r to the following:  |   |
|                                   | 066  | A PETRIE  Name of Person   |   |
|                                   | HELI   | AG LLC Firm/Company  |   |
|                                   | 3489 SU                                      | WANEE 37. Address  |   |
|                                   | MALABAR                                      | City/State and Zip Code  |   |
|                                   | 0/99-petrie                                  | City/State and Zip Code  Output  Outpu | fication)   |
| For further information (         | concerning this matter, please c             | all:   |   |
| OL GA Name                        | PETRIE  Of Person                            | at (321) 427<br>Area Code Daytim   | - 4077  |
|                                   |  | Alea Code Dayting  | e telephone wannser   |
| Enclosed is a check for t         | he 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,<br>Certificate of Status &<br>Certified Copy<br>(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

F!! ED

| HELL AG   | LLC   | 2022 JUN 10 AM []: 33                          |
|---|---|--|
| (Name of the Limite                                     | d Liability Company as it now appea<br>A Florida Limited Liability Company) | Irs on our records.) TALLAHASSEE, 170          |
| The Articles of Organization for this Limited Lia       |   |  |
| Florida document number <u>L22000227</u>                | 120   | )  |
| This amendment is submitted to amend the follow         | wing:   |  |
| A. If amending name, enter the new name of              | the limited liability company h   | ere:   |
| The new name must be distinguishable and contain the wo | rds "Limited Liability Company," the o                                      | designation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applica         | ble:  |  |
| (Principal office address MUST BE A STREET              | ADDRESS)  |  |
|   |   |  |
|   |   |  |
| Enter new mailing address, if applicable:               |   |  |
| (Mailing address MAY BE A POST OFFICE B                 | <u> </u>  |  |
|   |   |  |
|   |   |  |
| B. If amending the registered agent and/or re           | gistered office address on our r  | ecords, enter the name of the new registered   |
| agent and/or the new registered office address          | <u>here</u> :   |  |
| N (N)   |   |  |
| Name of New Registered Agent:                           |   |  |
| New Registered Office Address:                          |   |  |
|   | Enter Flor  | rida street address                            |
|   |   | Florida  |
|   | City  | 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 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 |
|--------------|----------------|--|----------------|
| MGR          | WILLIAM PETRIE | 3489 SUWANTEST                                     | □Add           |
|              |                | MALABAR, FL 32950                                  | Remove         |
|              |                |  | □Change        |
| MGR          | OLGA PETRIE    | 3489 SUWANEE ST                                    | <b>∑</b> !∧dd  |
|              |                | MALABAR, FL 32950                                  | □Remove        |
|              |                |  | □Change        |
|              |                |  | □Add           |
|              |                |  | □Remove        |
|              |                |  | □ Change       |
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|              |                |  | □ Change       |
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|              |                | <del>- , , , , , , , , , , , , , , , , , , ,</del> | □Remove        |
|              |                |  | □ Change       |

| -   |                        |                            |                                       |                     |   |
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| <del></del>                                       |                        |                            |                                       |                     |   |
|   |                        |                            |                                       |                     |   |
| n effective date is liste<br>te: If the date inse | erted in this block do | ecific and cannot be prior | cable statutory filing r              |                     | l)<br>g.) Pursuant to 605,0207 (<br>e will not be listed as t |
| ecord specifies a de<br>is filed.                 | layed effective date,  | but not an effective t     | ime, at 12:01 a.m. on                 | the earlier of: (b) | The 90th day after the  |
| red JUDE  | 8th                    | 2012                       | · · · · · · · · · · · · · · · · · · · |                     |   |
|   |                        | <b>/</b> ) •               |                                       |                     |   |
| ted JUNL  | Olph Signal            | ure of a member or auth    | orized representative of              | a member            | · · · · · · · · · · · · · · · · · · ·                         |