M1700009192

(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:					

Office Use Only



900306897739

01/11/18--01018--019 **25.00

18 JAN II PN 3-39
SE JAN II PN 3-39
IALLAHASSEL FLORIDA



, COVER LETTER

TO: Registration Sec Division of Cor			•			
SUBJECT: Heylo			estments LLC			
	1	Name of Limited Liabilit	y Company			
Dear Sir or Madam:			l			
The enclosed Statement	of Correction and fee(s) a	re submitted for filing.	1			
Please return all correspondence	ondence concerning this n	natter to the following:				
Douglas Au	ustin		l			
	Name of Person					
Heylook Mark	eting and Inves	stments LLC				
	Firm/Company					
5401 s Kirk	man rd STE	E 240				
	Address		+			
Orlando,FL	32819		l .			
C	ity/State and Zip Code	· · · · · · · · · · · · · · · · · · ·				
Doug@HeylookMarketing.com						
E-mail address: (to	be used for future annual	report notification)	<u> </u> 			
For further information c	oncerning this matter, ple	ease call:	,			
Douglas Au	ıstin	443 j	717-8569			
Name o	f Person	Area Code	Daytime Telephone Number			
STREET/COURIER A Registration Section Division of Corporations Clifton Building 2661 Executive Center C Tallahassee, Florida 3230	ircle	Re Di P.0	AILING ADDRESS: gistration Section vision of Corporations D. Box 6327 Ilahassee, Florida 32314			
Enclosed is a check for	the following amount:					
■ \$25 Filing Fee	S30 Filing Fee & Certificate of Status	S55 Filing Fee & Certified Copy	S60 Filing Fee, Certificate of Status & Certified Copy			
CR2E062 (9/15)						

STATEMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

		ection 605.0209, F.S., this document is being submit		
<u>FIRST</u>	: The n	name of the limited liability company is: Heyloo	k Marketing and I	nvestments LLC
SECOND: The Florida Doc		The Florida Document number of the limited lial	pility company is: M170	00009192
<u>THIRI</u>) :	Document to be corrected is: Article of O	ganization	
		(CHECK THE APPROPRIATE BOX AND CO	 MPLETE THE APPLICA	BLE STATEMENT
X.		ains an incorrect statement. The incorrect statement nent are as follows:	, the reason the statement is	incorrect, and the corrected
	loc	ation zip code is wrong. Chang	e to 32819 pleas	e
	Als	o instead of the & sign please t	ype in (and) to re	ad.
		ylook Marketing and Investmen		
	<u>OR</u>		1	Í
	Was o	defectively signed. The manner in which the docum lows:	ent was defectively signed a	and the appropriate correction are
				T R
	<u>OR</u>			PH : 39 FLORIDA
	The e	electronic transmission of the record was defective.		
	Do	uglas Austin		01/05/2018
		Signature of Authorized Representative		Date
		ew registered agent, if applicable :(NOTE: if corrected designation).	cting the registered agent, th	e new registered agent must sign
l hereb; provisio obligati	v accepons of a ions of a chang	ed Agent's Signature, if changing Registered Agent: of the appointment as registered agent and agree to all statutes relative to the proper and complete performy position as registered agent as provided for in Gye in the registered office address, I hereby confirm	act in this capacity. I further ormance of my duties, and I c Chapter 605, F.S. Or, if this i	am familiar with and accept the document is being filed to merely
	Registered Agent's Signature			1
		Filing Fee: Certified Copy:	\$25.00 \$30.00 (optional)	