

6/27/2017

From Larson Accounting 1.321.888.4919 Tue Jun 27 10:43:59 2017 MDI Page 1 of 7
Division of Corporations

H170001698563
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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(shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : LARSON ACCOUNTING AND CONSULTING SERVICES LLC
Account Number : I20160000067
Phone : (407)370-3686
Fax Number : (407)370-3120

**Enter the email address for this business entity to be used for future
annual report mailings. Enter only one email address please.**

Email Address: support@larsonacc.com

RECEIVED

2017 JUN 27 AM 12:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
HELPERS USA SERVICES LLC

Certificate of Status	0
Certified Copy	0
Page Count	06
Estimated Charge	\$25.00

DIVISION OF CORPORATIONS

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Corporate Filing Menu

Help

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JUN 28 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HELPERS USA SERVICES LLC
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:

CAROLINE G LARSON

Name of Person

LARSON ACCOUNTING AND CONSULTING SERVICES

Firm/Company

7901 KINGSPORTE PKWY STE 17

Address

ORLANDO, FL 32819

City/State and Zip Code

support@larsonacc.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CAROLINE G LARSON

407

3703686

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

DocuSign Envelope ID: B47B95DA-7056-41F0-B1F5-1C9A69F2AC65

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

HELPERS USA SERVICES 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 02/20/2017 and assigned
Florida document number L17000042400

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable: N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: N/A

(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:

N/A

New Registered Office Address:

Enter Florida 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

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DIVISION OF CORPORATE AFFAIRS

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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>	<u>Type of Action</u>
AMBR	MURCIA, IVO	2610 CALISTOGA AVE	<input type="checkbox"/> Add
		KISSIMMEE, FL 34741	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	DOS SANTOS, THOMAS F	7901 Kingspointe Pkwy STE 17	<input type="checkbox"/> Add
		ORLANDO, FL 32819	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	WAGNER DE SOUZA	7901 Kingspointe Pkwy STE 17	<input checked="" type="checkbox"/> Add
		ORLANDO, FL 32819	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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DIVISION OF CONSUMER PROTECTION

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DIVISION OF COMBUSTIONS

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(b) The 90th day after the record is filed.

Dated June 27th 2017

Documented by: Thomas Santos
Signature of a member or authorized representative of a member
DOS SANTOS, THOMAS F
Typed or printed name of signer