

L21 000023979

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

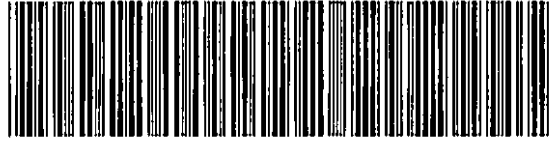
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800362441378

04/01/21--01028--029 \*\*25.00

FILED

2021 APR -1 P 2:49

J. C.

# COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** HELPING US 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:

TERRENCE P MATTHEWS  
Name of Person

HELPING US LLC  
Firm/Company

1210 NW 189TH TERR  
Address

MIAMI, FL 33169  
City/State and Zip Code

HELPINGUS.LLC@GMAIL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

TERRENCE P MATTHEWS      786      599-4121  
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 Address:**  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

2021 APR -1 P 2:49  
FILED

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

HELPING US 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 01/09/2021 and assigned Florida document number L21000023979.

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 "L.L.C."

**Enter new principal offices address, if applicable:**

9011 LITTLE RIVER BLVD

**(Principal office address MUST BE A STREET ADDRESS)**

MIAMI, FL 33147

**Enter new mailing address, if applicable:**

9011 LITTLE RIVER BLVD

**(Mailing address MAY BE A POST OFFICE BOX)**

MIAMI, FL 33147

**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:

NENA SANDERS

New Registered Office Address:

9011 LITTLE RIVER BLVD

*Enter Florida street address*

MIAMI

*City*

Florida 33147

*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.*

Nena Sanders  
**If Changing Registered Agent, Signature of New Registered Agent**

2021 APR 1 P 2  
17

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>
MGRM	TERRAJHAE K MATTHEWS	1210 NW 189TH TERR	<input type="checkbox"/> Add
		MIAMI, FL 33169	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	NENA SANDERS	9011 LITTLE RIVER BLVD	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33147	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	TERRENCE P MATTHEWS	9011 LITTLE RIVER BLVD	<input type="checkbox"/> Add
		MIAMI, FL 33147	<input type="checkbox"/> Remove
		CHANGE OF ADDRESS	<input checked="" 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

2021 APR - 11 P 2 49

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Multiple horizontal lines for amending information.

E. Effective date, if other than the date of filing: 01/09/2021 (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.

2021 APR - 1 12:49 PM

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 MARCH 17 2021

Signature of Terrence Matthews

TERRENCE P MATTHEWS -AMBR Typed or printed name of signee