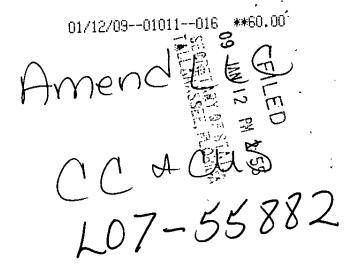
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(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
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N. CAUSSEAUX

JAN 1 3 2009

EXAMINER

COVER LETTER

TO: Registration Se Division of Co					
SUBJECT:	A Teacher's	Helping Hand,	LLC		
	(Name of Limited	d Liability Company)			
The enclosed Articles of	Amendment and fee(s) are submi	tted for filing.			
Please return all correspondent	ondence concerning this matter to	the following:			
	Ar	igel Crum			
Angel Crum (Name of Person)					
A Teacher's Helping Hand, LLC (Firm/Company)					
(Firm/Company)					
	#.O. BOX 1626 (Address)				
(Address)					
	Highland City, FL 33846-1626				
	((City/State and Zip Code)			
For further information of	concerning this matter, please call	:			
Angel (rum	at (863) 602-29	47 cell		
(Name	of Person)	at (<u>863)</u> 602 - 29 (Area Code & Daytime Te (863) 647 - 47	lephone Number) 140 office		
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)	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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

A Teacher's Help	ing Hand, LLC 200			
A Teacher's Helping Hand, 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 we Florida document numberLO 700055882	, c,			
This amendment is submitted to amend the following:	A salidar			
A. If amending name, enter the new name of the limited liability company here:				
The new name must be distinguishable and end with the words "Limite "L.L.C."	d Liability Company," the designation "LLC" or the abbreviation			
Enter new principal offices address, if applicable:	403 Pool Branch Rd. Fort Meade, FL 33841			
(Principal office address MUST BE A STREET ADDRESS)	Fort Meade, FL 3384			
Enter new mailing address, if applicable:	P.O. Box 1626 Highland City, FL 33846-1626			
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:	Angel Crum			
New Registered Office Address: 403	Pool Branch Rd. (Enter Florida street address)			
Fort M	Angel Crum Pool Branch Rd. (Enter Florida street address) eade, 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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member Title **Type of Action** <u>Name</u> **Address** De Souza, Anthony G MGR P.O. Box 1626 Highland City, FL Add 🗖 Remove Remove Remove 🗖 Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 1-8-09 Signature of a member or authorized representative of a member

G. D. Souza

Angel Crum Anthony G. D. Sowza

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00