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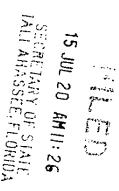
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### **COVER LETTER**

TO: Registration Se Division of Cor	ction porations * *		• · · · · · · · · · · · · · · · · · · ·
SUBJECT: Helpi	ng Your Home Name of Lim	Services LLC ited Liability Company	
SUBJECT: Helping Your Home Selvices 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:  Bernard Sell Name of Person  Helping Your Home Selvices LLC Firm/Company  333 SE Strait Avenue Address  Port Saint Lucie FL 34983 City/State and Zip Code hynspres & bellsouth, net E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Bernard Sell Name of Person  at 772 Area Code Daytime Telephone Number			
	Helping Your	Home Services	LLC
	333 SEST	ait Avenue Address	
	hypspres o k	oe II South , net to be used for future annual report notifi	Services LLC any  NUC  L 3 4983 ip Code A Net e annual report notification)  System 1972 Daytime Telephone Number  ang Fee & Second Status & Certificate of Status & Certifica
For further information co	oncerning this matter, please ca	all:	
Bernard S	Person	at ( ) 878- Area Code Daytime	1972 Telephone Number
Enclosed is a check for th	e 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

#### 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

Helping Your Home Services, LLC
Name of the Limited Liability Company as it now appears on our records.) The Articles of Organization for this Limited Liability Company were filed on 10/20/03 and assigned Florida document number <u>L03000040122</u>. 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: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (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: New Registered Office Address: Enter Florida street address City

#### 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 = M $AMBR = A$	lanager uthorized Member		
Title	Name	Address	Type of Action
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			☐ Remove
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Filing Fee: \$25.00