L04000083164

• *				
(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:				
A. LUNT				
JAN -9 2008				
EXAMINER				

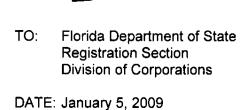
Office Use Only



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2009 JAN -8 PM 4: 08
SECTION AND SECTION OF STATE



RE: Amending LLC Name

Please find enclosed the Articles of Amendment to Articles of Organization of Helping Hand, LLC showing the new name change desired: Holistic Cleansing Center_LLC.

Memorandum

You can contact us with any questions at the following number: (407) 447.901

Thank you.

Sincerely,

Floyd & Lucy Westervelt

COVER LETTER

Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

_{suвјест:} Helping	g Hand, LLC,				#
		ited Liability Company)			_
	f Amendment and fee(s) are sultondence concerning this matter	_			
	Lucienne Westervelt				
		(Name of Person)		-	
	Helping Hand, LLC			_	
		(Firm/Company)			
	12535 Winfield Scott Blv			- 	
		(Address)		2009 JAN – SECRETAR ALLAHASS	
	Orlando, FL 32837			HAS AN	
		(City/State and Zip Code)		E E	
For further information of	concerning this matter, please c	all:		PM 4: 08	
Lucienne Westervelt		at (407) 447 9017		08 80	
(Name of Person)		(Area Code & Daytime T	Telephone Number	er)	
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)	□\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclose)		sed)
	ING ADDRESS:	STREET/COURIER	ADDRESS:		
Registration Section Division of Corporations		Registration Section Division of Corporation	ons		
P.O. Box 6327		Clifton Building			

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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 were filed on 11/17/2004 and assigned Florida document number L04000083164 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Holistic Cleansing Center, LLC The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LECTor 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 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 <u>Title</u> Type of Action Name **Address** MGRM Floyd Westervelt 12535 Winfield Scott Blvd **₽**7 Add Orlando, FL 32837 Remove ☐ Add Remove 🗂 Add Remove ☐ Remove 8 ☐ Add ☐ Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) ÷ Dated January 5 Signature of a member or authorized representative of a member Lucienne Westervelt

Page 2 of 2

Filing Fee: \$25.00

Typed or printed name of signee