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(Business Entity Name)

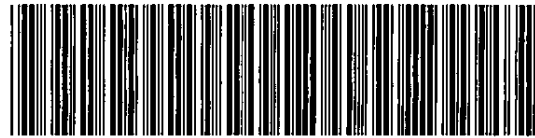
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TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: HELPING HANDS ON THE TREASURE COAST, 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:

**JAMES J. O'HEARN**

(Name of Person)

(Firm/Company)

**2466 NE 17th Court**

(Address)

**Jensen Beach, FL 34957**

(City/State and Zip Code)

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For further information concerning this matter, please call:

**James J. O'Hearn**

(Name of Person)

at ( 561 ) 704-2608

(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

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

**HELPING HANDS OF THE TREASURE COAST, LLC**

(Present Name)  
(A Florida Limited Liability Company)

**FIRST:** The Articles of Organization were filed on July 19, 2006 and assigned document number L06000071832.

**SECOND:** This amendment is submitted to amend the following:

**Article II The Principal Place of Business is:**

12835 Roseland Road; Sebastian, FL 32958

**Article III The Mailing Address Of The Limited Liability Company is:**

Post Office Box 565; Roseland, FL 32957

**Article V The Name and Address of the Managing Members/Managers are:**

Bert Ammons

Robyn A. Coleman

12835 Roseland Road

12835 Roseland Road

Sebastian, FL 32958

Sebastian, FL 32958

Dated 8-13, 2007.



Signature of a member or authorized representative of a member

**Bert A. Ammons**

Typed or printed name of signee

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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