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SECRETARY OF STATE

T. CLINE

JUN - 6 2008

EXAMINER

COVER LETTER

SUBJECT: THE HEI	LP DESK PEOPLE	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:								
	Andrew Jaffe							
		(Name of Person)						
	The Help Desk People LL	.C						
		(Firm/Company)	· · · · · · · · · · · · · · · · · · ·					
	PO BOX 771415							
		(Address)						
	CORAL SPRINGS FL 330	177						
(City/State and Zip Code)								
For further information con	ncerning this matter, please ca	all:	ZIIII SEU TALLI					
			LAHA CRET					
Andrew Jaffe	·n	at (954)812-9155		Parties on the				
(Name of	Person)	(Area Code & Daytime T	<u>m</u>	iminž Į				
			AM 10: OF STA E. FLOR	Ermanii E (1)				
Enclosed is a check for the	following amount:		CS D	S) 1 min 1 mg				
☑ \$25.00 Filing Fee	□\$30.00 Filing Fee &	□\$55.00 Filing Fee &	□\$60.00 Filing Fee,					
_	Certificate of Status	Certified Copy	Certificate of Status &	&				
		(additional copy is enclosed)	Certified Copy (additional copy is en	iclosed)				
				. ,				

MAILING ADDRESS:

Registration Section Division of Corporations

TO:

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

	, (City)	Florida(Zip Code)	
New Registered Office Address:	ew Registered Office Address: (Enter Florida street address)		
Name of New Registered Agent:	- Harris and the second of the		
registered agent and/or the new registered office addres		us, enter the name of the ne	
B. If amending the registered agent and/or registere	ed office address on our recor	rds enter the name of the ne	
		9.75 <u>9.</u>	
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>		
Enter new mailing address, if applicable:		CHETARY LAHASSE	
(Principal office address MUST BE A STREET ADDRES	<u> </u>	TALLE TO THE TALLE	
Enter new principal offices address, if applicable:			
The new name must be distinguishable and end with the words "L.L.C."	"Limited Liability Company," the de	esignation "LLC" or the abbreviation	
A. If amending name, enter the new name of the limited	d liability company here:		
This amendment is submitted to amend the following:			
Florida document number <u>L07000115976</u> .			
The Articles of Organization for this Limited Liability Com-	npany were filed on 11/16/2007	and assigned	
(<u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appears on our r uited Liability Company)	ecords.)	
THE HELP DESK PEOPLE LLC (Name of the Limited Lightlity Co	Amnony of it now annous as any	onneds \	

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 amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

. . . .

<u>Title</u>	<u>Name</u>		Address	Type of Action
MGRM	Andrew Jaffe		PO BOX 771415 CORAL SPRINGS FL 33077	Add Remove
	PP			Add Remove
		•		Add Remove
D. If an	mending any other inf	formation, enter change(s	here: (Attach additional sheets, if necessary) ARRY OF STATE ORIGINAL ORI	-5 - AM -5
Dated	February 19	, 2008	•	
			authorized representative of a member	
	А	ndrew Jaffe Typed or	printed name of signee	

Page 2 of 2

Filing Fee: \$25.00