Florida Department of State

Division of Corporations Public Access System

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Division of Corporations

Fax Number : (850)617-6383

Account Name : LEGALZOOM.COM INC.

Account Number: 120010000062

Phone : (323)962-8600

Fax Number

: (323)962~3889

CAMND/RESTATE/CORRECT OR M/MG RESIGN

ONE HELPING, LLC

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Corporate Filing Menu

COVER LETTER

Division of Co				
SUBJECT: ONE HE	LPING, LLC			
	(Name of Lin	nited Liability Company)		
The enclosed Articles of	Amendment and fee(s) are sub-	bmitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	Francyne Carrillo			
		(Name of Person)		
	Legalzoom.com, inc	(Firm/Company)		
	7083 Hollywood Blv			
		(Address)	annag Maria	
	Los Angeles, CA 90			
		(City/State and Zip Code)	An 的 一	ı. Y
For further information	concerning this matter, please of	cali:		4.47
Francyne Carrillo		at (323) 962-8600		
(Name	of Person)	(Aron Code & Daytime Telepho	one Number)	,
Enclosed is a check for t	he following amount:			
\$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & S 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

ONE HELPING, LLC			
(Name of the Limited L (A F	sability Company as it now appears on our relorida Limited Liability Company)	ecords.)	
The Articles of Organization for this Limited Liab	pility Company were filed on <u>06/24/2008</u>	and assigne	ed be
Florida document number <u>L08000061741</u>			
This amendment is submitted to amend the follow	ring:		
A. If amending name, enter the new name of the	he limited liability company here:	78	• •
one helping helps many, LLC		全流 	į
The new name must be distinguishable and end with t "L.L.C."	the words "Limited Liability Company," the de	KIO B	- C
B. If amending the registered agent and/or registered agent and/or the new registered offic	registered office address on our record e address here:	<u> </u>	e new
		Ģ.r. o	ဘ
Name of New Registered Agent:			·
New Registered Office Address:			
	(Enter Florid	la street address)	
	. 1	Florida	
	(City)	(Zip Code)	

New Registered Agent's Signature, if changing Registered Agenti

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 filled 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:

	Name	Address	Type of Actio
			Add Remove
		1	Kembye
			Add Remove
		,	
			Add
•			Remove
_			Add
'#mend	ling any other information, ent	er change(s) here: (Attach additional sheet	ts, if necessary.)
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Filing Fee: \$25.00