

L080000101768

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

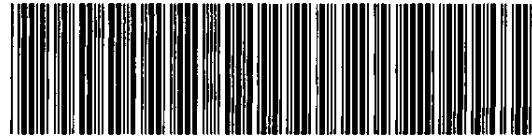
(Business Entity Name)

(Document Number)

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FILED
2011 OCT 28 AM 8:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. SAULSBERRY
EXAMINER

OCT 31 2011

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: HELPING INDIVIDUALS 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:

APRIL LEE

Name of Person

HELPING INDIVIDUALS LLC

Firm/Company

1391 NW ST LUCIE WEST BLVD #249

Address

PORT SAINT LUCIE FL, 34986

City/State and Zip Code

HELPINGINDIVIDUALSLLC@GMAIL.COM

E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

APRIL LEE

Name of Person

at (772)

985-3324

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 INDIVIDUALS 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 10/29/2008 and signed
Florida document number L08000101768

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 end with 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)

1391 NW ST LUCIE WEST BLVD #249

PORT SAINT LUCIE FL, 34986

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1391 NW ST LUCIE WEST BLVD #249

PORT SAINT LUCIE FL, 34986

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:

1391 NW ST LUCIE WEST BLVD #249

Enter Florida street address

PORT SAINT LUCIE

City

, Florida

34986

Zip Code

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
✓ MGR	VERONIA BAILEY	265 SW PORT SAINT LUCIE BLVD #321 PORT SAINT LUCIE FL 34984	☐ Add ☒ Remove
✓ MGR	RAYMOND BAILEY	265 SW PORT SAINT LUCIE BLVD #321 PORT SAINT LUCIE FL 34984	☐ Add ☒ Remove
✓ MGR	DELSYE DEAN	265 SW PORT SAINT LUCIE BLVD #321 PORT SAINT LUCIE FL 34984	☐ Add ☒ Remove
✓ MGRM	APRIL LEE	1391 NW ST LUCIE WEST BLVD #249 PORT SAINT LUCIE FL, 34986	☒ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

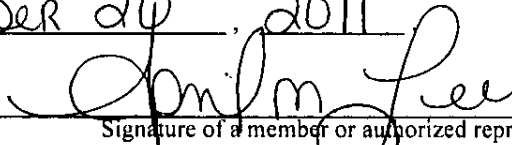
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2011 OCT 28 AM 8:08

FILED

Dated

October 20, 2011



Signature of a member or authorized representative of a member

APRIL LEE

Typed or printed name of signee