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10 NOV 30 AH ID: 89

T. HAMPTON DEC - 1 2010 EXAMINEP

COVER LETTER

SUBJECT:	Chu	ck Help LLC				
Jebabe 1	Name of Limited Liability Company					
The enclosed Articles of	of Amendment and fee(s) are su	bmitted for filing.				
Please return all corres	pondence concerning this matte	r to the following:				
		James Calloway				
		Name of Person				
	Chuck Help LLC					
		Firm/Company	Control of the Contro			
	3	34 . E. Lake Rd. #190				
		Address				
	F	Palm Harbor Fl. 34685				
		City/State and Zip Code				
	E-mail address: (to be used for future annual report	rt notification)			
For further information	concerning this matter, please	call:				
	John Guthrie	at (at (434-4040			
Name	of Person	Area Code & I	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 en	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
MAILING ADDRESS:		STREET/C	OURIER ADDRESS:			

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILEĞ SECRETARY OF STATE DIVISION OF CORPORATIONS

10 NOV 30 AM ID: 09

	Chuck H	elp LLC			
(<u>Name of the Limited</u> (A	Liability Compa Florida Limited I	ny as it now appear Liability Company)	rs on our records.)		
The Articles of Organization for this Limited L	were filed on	4/15/2010	and assigned		
Florida document number L10000040	0358				
This amendment is submitted to amend the follo	owing:				
A. If amending name, enter the new name o	f the limited liab	ility company her	<u>·e</u> :		
The new name must be distinguishable and end wi "L.L.C."	th the words "Limi	ited Liability Compa	any," the designation "L	LC" or the abbreviation	
Enter new principal offices address, if applic	334 East Lake Rd. #190				
(Principal office address MUST BE A STREET ADDRESS)		Palm Harbor FI 34685			
Enter new mailing address, if applicable:	334 East Lake Rd. #190				
(Mailing address MAY BE A POST OFFICE BOX)		Palm Harbor FI 34685			
B. If amending the registered agent and/ registered agent and/or the new registered of			our records, enter t	he name of the new	
Name of New Registered Agent:					
New Registered Office Address:	334 E. Lake Rd. #190				
		En	ter Florida street addi	ress	
	Pal	m Harbor Fl.	, Florida	34685	
<u></u>		City		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 Type of Action **Address** <u>Title</u> <u>Name</u> John Guthrie **MGRM** 334 E Lake # 190 ✓ Add Palm Harbor FL 34685 Remove ☐ Add Remove ☐ Add Remove AddRemove □Add Remove Remov D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) November 29th 2010 Dated _ Signature of a member or authorized representative of a member ONN (... Guthrie Typed or printed name of signee Page 2 of 2

Filing Fee: \$25.00