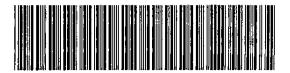
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(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
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Office Use Only



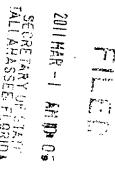
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T. CLINE

MAR - 2 2011

EXAMINER



COVER LETTER

TO:

	Registration Division of C	Section orporations		
SUBJECT	Γ:	CHUC	K HELP LLC	
		Name of Limi	ited Liability Company	
The enclos	sed Articles	of Amendment and fee(s) are sub	omitted for filing.	
		pondence concerning this matter	•	
			JAMES CALLAWAY	
			Name of Person	
			CHUCK HELP LLC	
			Firm/Company	
		334	4 EAST LAKE RD. #190	
			Address	
		ΡΔ	LM HARBOR FLORIDA	
			City/State and Zip Code	
		SUNSHINE	EONME@ROCKETMAIL.COM	
		E-mail address: (to be used for future annual report notification)	
For furthe	r information	n concerning this matter, please of	call:	
	DE	BBIÉ TEARNEY	at (727) 434-4040	
	Nam	e of Person	Area Code & Daytime Telephone Number	
Enclosed	is a check fo	r the following amount:		
\$25.00) Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & S60.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy) senciosed)	Total Control
	MAILING ADDRESS:		STREET/COURIER ADDRESS:	*454.7
	Divi P.O.	istration Section ision of Corporations . Box 6327 ahassee, FL 32314	Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassen, FL 32301)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Chuck Help	LC		
(Name of the Limited Liability Company as it how apply (A Florida Limited Liability Company)	pears on our records.) ny)		
The Articles of Organization for this Limited Liability Company were filed on	04/15/2010	and assig	gned
Florida document number <u>L10000040358</u>			
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 Co"L.L.C."	ompany," the designation	"LLC" or the at	breviation
Enter new principal offices address, if applicable:		720 1A 5	
(Principal office address MUST BE A STREET ADDRESS)			THE SHE
			# j
		- T	1
Enter new mailing address, if applicable:		क्षा 🛣	
(Mailing address MAY BE A POST OFFICE BOX)		45. 4	1
		<u> </u>	
B. If amending the registered agent and/or registered office address of registered agent and/or the new registered office address here:	on our records, <u>enter</u>	the name of	the new
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street ad	idress	·· ·

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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** Title Title <u>Name</u> **Address** Debbie Tearney mgrm 334 East Lake Rd. #190 ☑ Add Remove Palm Harbor Fl. 34685 ☐ Add Remove ☐ Add Remove Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated Febuary 28th 2011 Signature of a member or authorized representative of a member James Callaway Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00