

L41000075099

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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FILED
13 MAY 24 PM 5:31
CLERK OF STATE
TALLAHASSEE, FLORIDA

MAY 28 2013
D. BUTLER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Comforting Moments LLC
Name of Limited Liability Company

FILED
13 MAY 24 PM 5:31
TALLAHASSEE, FLORIDA
DEPARTMENT OF STATE

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Lisa Richards Morgan
Name of Person

Home Helpers
Firm/Company

450 NE 155th Place
Address

Citra Florida 32113
City/State and Zip Code

Lisa Morgan@HomeHelpers.cc
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lisa Morgan at 352 433-0706
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

Comforting Moments 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 05/28/12 and assigned Florida document number 41000075099 (copy attached)

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

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)

N/A

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

N/A

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:

N/A

New Registered Office Address:

Enter Florida street address

Florida

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

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

Dated May 21, 2013

Daniel C. Morgan
Signature of a member or authorized representative of a member

Daniel C Morgan - POA: Lisa Morgan
Typed or printed name of signee

(see attached)

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Filing Fee: \$25.00

CK # 74
5/21/13

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13 MAY 24 PM 5:32
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TALLAHASSEE, FLORIDA