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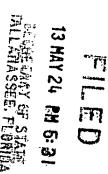
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Conforting Moments 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:
Lisa Richards Morgan
tione telpers
450 NE 155 The Place
City/State and Zip Code
Lisa Mongan D Home Helpers. CC E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (358 433 - 0706) Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
S\$25.00 Filing Fee \$\text{Certificate of Status}\$ \[\begin{array}{cccccccccccccccccccccccccccccccccccc
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

<u>Comforting</u>	1 Moments	LCC	
(<u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on onted Liability Company)	our records.)	
The Articles of Organization for this Limited Liability Com	pany were filed on	$\frac{5/28/12}{2}$ and assigned heal	
This amendment is submitted to amend the following:		13 MAN	
A. If amending name, enter the new name of the limited \bigwedge / \bigwedge		TARY DE LASSEE	
The new name must be distinguishable and end with the words "L.L.C."	"Limited Liability Company," t	ne designation "LLG" or the abbreviation	
Enter new principal offices address, if applicable:	<u> N//A</u>	DF 70	
(Principal office address MUST BE A STREET ADDRES	<u>'</u>		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A		
B. If amending the registered agent and/or registere registered agent and/or the new registered office address		ecords, <u>enter the name of the new</u>	
Name of New Registered Agent:	N/A		
New Registered Office Address:	Enter Fl	orida 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

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 Title **Address** Type of Action Name Remove Add Remove Add Remove Add Remove Add Remove

f ame	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
_		
_		
_		
 d	May 21,2013	
	Daniel C. Morgan	
	Signature of a member or authorized representative of a member	Marga
	Daniel C Morgan - +OA: Lisa Typed of printed name of signee	Morgo
	Page 3 of 3	Macka
	Filing Fee: \$25.00	
	CK#74	
	5/21/13	

13 MAY 24 RM 5: 32
ALLEMASSEE FLORIBA