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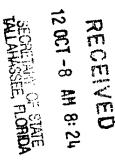
(Requestors Name)					
(Address)					
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(City/State/Zip/Phone #)					
PłCK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
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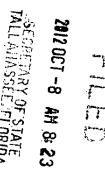
Office Use Only



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J. SAULSBERRY **EXAMINER**

8 2012 OCT

COVER LETTER

TO: Reg Div	istration Section sion of Corporations	,				
SUBJECT:	Helping Hand Name of Lin	s Clary et				
The enclosed	Articles of Amendment and fee(s) are su	ubmitted for filing.				
Please return	all correspondence concerning this matter	er to the following:				
	Detsy Helping 1)21 M Guncy Betticky E-mail address:	Name of Person Name of Person Company Address City/State and Zip Code Cod		SEURETARY OF STAT TALLAHASSEEJ FLORI	2812 OCT -8 AH §	
For further in	Name of Person	at (SSO 510-1) Area Code & Daytime Telep	phone Number	ATE RIDA	AH & 23	
Enclosed is a \$25.00 F	check for the following amount: ling Fee \$\infty\$	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filir Certificate Certified ((additiona	e of Statu Copy		:d)
	MAILING ADDRESS: Registration Section Division of Corporations	STREET/COURIER A Registration Section Division of Corporations				

P.O. Box 6327 Tallahassee, FL 32314 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Helma Land Ola	us etc	
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) iability Company)	
The Articles of Organization for this Limited Liability Company Florida document number	10110) Zand assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and end with the words "Limit "L.L.C."	ed Liability Company," the designation	"LLC" or the abbreviation
Enter new principal offices address, if applicable:		<u> </u>
(Principal office address MUST BE A STREET ADDRESS)		S & .
		rig 🗩 🞹
	•	
Enter new mailing address, if applicable:		ROM N
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		r the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street a	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, <u>enter the title</u>, <u>name</u>, <u>and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member Title Address Type of Action ☐ Add Remove ☐ Add Remove Remove \square Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

A 2012 A

Dated

Page 2 of 2

Filing Fee: \$25.00