

L120000104431

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

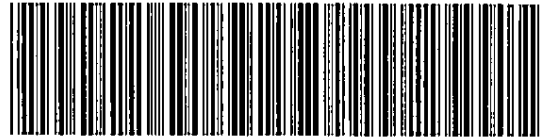
(Business Entity Name)

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S. WARREN

AUG 21 2017

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Mature Home Helping Hands, 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:

M. Lanning Fox

\_\_\_\_\_  
Name of Person

Fox, Wackeen, et. al.

\_\_\_\_\_  
Firm/Company

3473 SE Willoughby Blvd.

\_\_\_\_\_  
Address

Stuart, FL 34994

\_\_\_\_\_  
City/State and Zip Code

donna.winters@dynaspot.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

M. Lanning Fox

\_\_\_\_\_  
Name of Person

772

287-4444

at (\_\_\_\_\_) \_\_\_\_\_

Area Code

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 enclosed)

☐ \$60.00 Filing Fee.  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building

## Page 1 of 3

**MGR = Manager**  
**AMBR = Authorized Member**

☐ Change  
☒ Add  
☐ Remove  
☐ Change

[illegible]

**Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)  
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)  
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated August 9, 2017

medox

Signature of a member or authorized representative of a member

M. Lanning Fox

Typed or printed name of signee

**Page 3 of 3**  
**Filing Fee: \$25.00**

17 AUG 18 PM12:32  
FBI  
FEDERAL BUREAU OF INVESTIGATION  
U.S. DEPARTMENT OF JUSTICE  
WASHINGTON, D.C. 20535