L12000104431

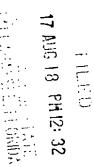
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S. WARREN AUG 2 1 2017

COVER LETTER

	gistration Sec ision of Corp		:	
SUBJECT:		e Helping Hands, LLC		
SUBJECT.		Name of Limi	ted Liability Company	
The enclosed	l Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return	all correspon	dence 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.co		
		E-mail address: (t	o be used for future annual repo	nt notification)
For further in	nformation co	ncerning this matter, please ca	ıll:	
M. Lanning	Fox		772 287-4- at ()	
	Name of	Person	Area Code I	Daytime Telephone Number
Enclosed is a	t check for the	e following amount:		
■ \$25.00 F	filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	S60.00 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 Cition Building

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Mature Home Helping Hands, LLC			
(<u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appears on o Limited Liability Company)	ur records.)	_
The Articles of Organization for this Limited Liability C Florida document number $\frac{L12000104431}{L12000104431}$	Company were filed on August 1	4, 2012	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim	ited liability company here:		
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the designa	tion "LLC" or the abbrev	riation "L.1C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDI	<u></u>	 -	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or regis registered agent and/or the new registered office add	stered office address on our ress here:	records, enter the	name of the ne
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida sti	reet 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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Beverly Jean Brier	900 SE Ocean Blvd.	_ Add
		Suite #22D-130	□ Remove
		Stuart, FL 34994	□ Change
			Add
			□ Remove
			Change
			Add
			□ Remove
			Change
		<u></u>	□ Add
			Remove
			Change
			Remove
			Ti hange
			Add
			□ Re move
			72.

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Tective date, if other than the date (of filing:	(optional)
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Signar	we of a member or authorized representative of a men	iber
M. Lanning Fox		<u> </u>
	Typed or printed name of signee	<u> </u>
	Page 3 of 3	75.2 TGRA
	Filing Fee: \$25.00	32 30 30

Filing Fee: \$25.00