112000130866

Office Use Only



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10/22/12-01026-028 **25.00

12 OCT 22 AM 9: 20
SECRETARY OF STATE
OF THE STATE OF THE OFFICE OFFICE

B. BOSTICK OCT **2 4** 2012

EXAMINER

COVER LETTER

TO: Registration S Division of Co		•
*	•	
SUBJECT:	Housewife Helpers	
	Name of Limited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are submitted for filing.	
Please return all corresp	ondence concerning this matter to the following:	
	Cecil Jones	
	Name of Person	
	Firm/Company	
	7512 Dr. Phillips Blvd Suite 50522	
	Address	
	Orlando, FL 32819	
	City/State and Zip Code	12 OCT 22 12 OCT 28 7ALL/MASS
	E-mail address: (to be used for future annual report notification)	
For further information	concerning this matter, please call:	M 9:2
at () Name of Person		Number O
Enclosed is a check for	the following amount:	
\$25.00 Filing Fee	Certificate of Status Certified Copy (additional copy is enclosed)	50.00 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

House	wife Helpers, LLC		
(<u>Name of the Limited Liabilit</u> (A Florida	ty Company as it now appea Limited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability (Company were filed on	10/12/2012	and assigned
Florida document numberL12000130866			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim	nited liability company he	<u>re</u> :	
The new name must be distinguishable and end with the wo	ords "Limited Liability Comp	any," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable:		=======================================	(1)
(Principal office address MUST BE A STREET ADD	RESS)	(1) 	00 1
			2 7
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)		(9 9
B. If amending the registered agent and/or regis		our records, <u>enter t</u>	he name of the ne
registered agent and/or the new registered office add	<u>dress here</u> :		
Name of New Registered Agent:			
New Registered Office Address:			- · · · · · · · · · · · · · · · · · · ·
	Enter Florida street address		
	City	, Florida	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 amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added of removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Stephanie Thomas	7512 Dr. Phillips Blvd Suite 50522 Orlando, FL 32819	Add Remove
			Add Remove
			Add Remove
			Add Remove
	<u></u>		Add Remove
	<u> </u>		Add Remove
D. If amen	ding any other information, enter	change(s) here: (Attach additional sheets, if necessary.))
			T 22
Dated	10/17		9: 20
	Signature of a r	nember or authorized representative of a member	
		Cecil Jones	···
		Typed or printed name of signee	

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Filing Fee: \$25.00