#112000158404

(Re	questor's Name)	
(Address)		
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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SEP 23 PM 4: 38

K. SALY EXAMINER SEP 2 5 2013

COVER LETTER

TO:	Registration Section Division of Corporati	ons		
SUBJI	ECT: <u>Mother's</u>	LiHle Helpe Name of Limite	ed Liability Company	•
The en	nclosed Articles of Amend	ment and fee(s) are subm	nitted for filing.	
Please	return all correspondence	concerning this matter t	to the following:	
		Michael	P Wagner Name of Person	
		nother's Little	Helper For Seniors Firm/Company	
		11962 CR 101	Ste 302, PMB 27 Address	
			FL 32/62 City/State and Zip Code	
	<u></u>	nwagner30 o	ptonline.net be used for future annual report notificati	on)
For fur	rther information concern	ng this matter, please ca	11:	
<u>M</u> :	chael Wagn Name of Person	<i>د</i> ر	at (<u>973)</u> 934-578 Area Code & Daytime Te	5 lephone Number
Enclose	ed is a check for the follo	wing amount:		
\$25	5.00 Filing Fee S	0.00 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 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

ARTICLES OF ORGANIZATION
OF SEP 22
Mother's Little Helper For Seniors LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
The Articles of Organization for this Limited Liability Company were filed on December 19, 2012 and assigned
Florida document number <u>L12000158404</u> .
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here: Michael Wagner's Insura Agency LLC
The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviati "L.L.C."
Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)
Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)
B. If amending the registered agent and/or registered office address on our records, enter the name of the ne registered agent and/or the new registered office address here:
Name of New Registered Agent:
New Registered Office Address:
Enter Florida street address
. Florida

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.

City

Zip Code

mending the Managers or Managing Members on our records, enter the title, name, and address of each Manager Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member			
<u>Title</u>	Name	Address	Type of Action
*******			Add
			Remove
			Add
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			Add
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			Remove
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		- ,	Remove
			_
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			Remove
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			Add
			Remove

	nanding any other information autor change(a) house (Attack additional sheets if recognize)
9. 11 an	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	Ammending Article 3 - The purpose for which this
	Limited Liability Company is organized will be changed
•	from Senior Citizens Non-Medical Home Service to
	Sell Insurance As An Independ Sales Agent.
	<i>i</i>
Dated	September 12th, 2013.
	Signature of a member or authorized representative of a member
	Signature of a memoer or authorized representative of a memoer
	Michael Wagner Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00