L1300067754

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FILED

SECRETARY OF STATE
AND ANASSEE FLORIDA

K. SALY MAY - 4 2018

COVER LETTER

TO:	Registration Sec Division of Corp			
SUBJ	ECT:	Helpers Name of Lim	ited Liability Company	L C
The en	nclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please	return all correspon	ndence concerning this matter	to the following:	
			Leslie Lev Name of Person	/
		·	telpers in t	teels uc
		44	BUCKSKIN Address	C+.
		E-mail address: ((City/State and Zip Code Opens in heels (to be used for future annual report notified)	o) icloud.com
For fu	rther information co	oncerning this matter, please ca	•	
	Leslie Name of	Person	at (386) 837 Area Code Daytime	75/9 Telephone Number
Enclos	sed is a check for th	e following amount:		
□ \$2	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 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



April 19, 2018

HELPERS IN HEELS LLC LESLIE LEVY 440 BUCKSKIN CT. WINTER SPRINGS, FL 32708

SUBJECT: HELPERS IN HEELS LLC

Ref. Number: L13000067754

We have received your document for HELPERS IN HEELS LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly Regulatory Specialist II

Letter Number: 818A00008031

MECEIVED

MINAPRIMENT OF STATEMENT OF STATEM

ARTICLES OF AMENDMENT

ARTICLES OF ORGANIZATION OF Hell 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 05/11/2017 and assigned
OF SECRETARY 30 PM
Helpers in Heels Lichary of 3 sz
(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 05/11/2017 and assigned Florida document number
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
he new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:
Principal office address MUST BE A STREET ADDRESS)

5
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)
Muning muress MAT IIB AT OST OFFICE BOAY
3. If amending the registered agent and/or registered office address on our records, enter the name of the new 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 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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

If amending Authorized Person(s) authorized to manage	, <u>enter</u>	the title	, name, and	address of each pers	on being added
or removed from our records:	i.	*			
MGR = Manager AMBR = Authorized Member					

<u>Title</u>	Name	Address	Type of Action
MGR	Kahn Carley	440 Buckskin Ct	
		440 Buckskin Ct Linkr Springs, FC 32108	Remove
		32708	Change
			□ Add
			□ Remove
		-	Change
			FILED 30 STATES TO THE STATES
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Filing Fee: \$25.00